DOCUMENT RESUME

ED 037 845 EC 005 035

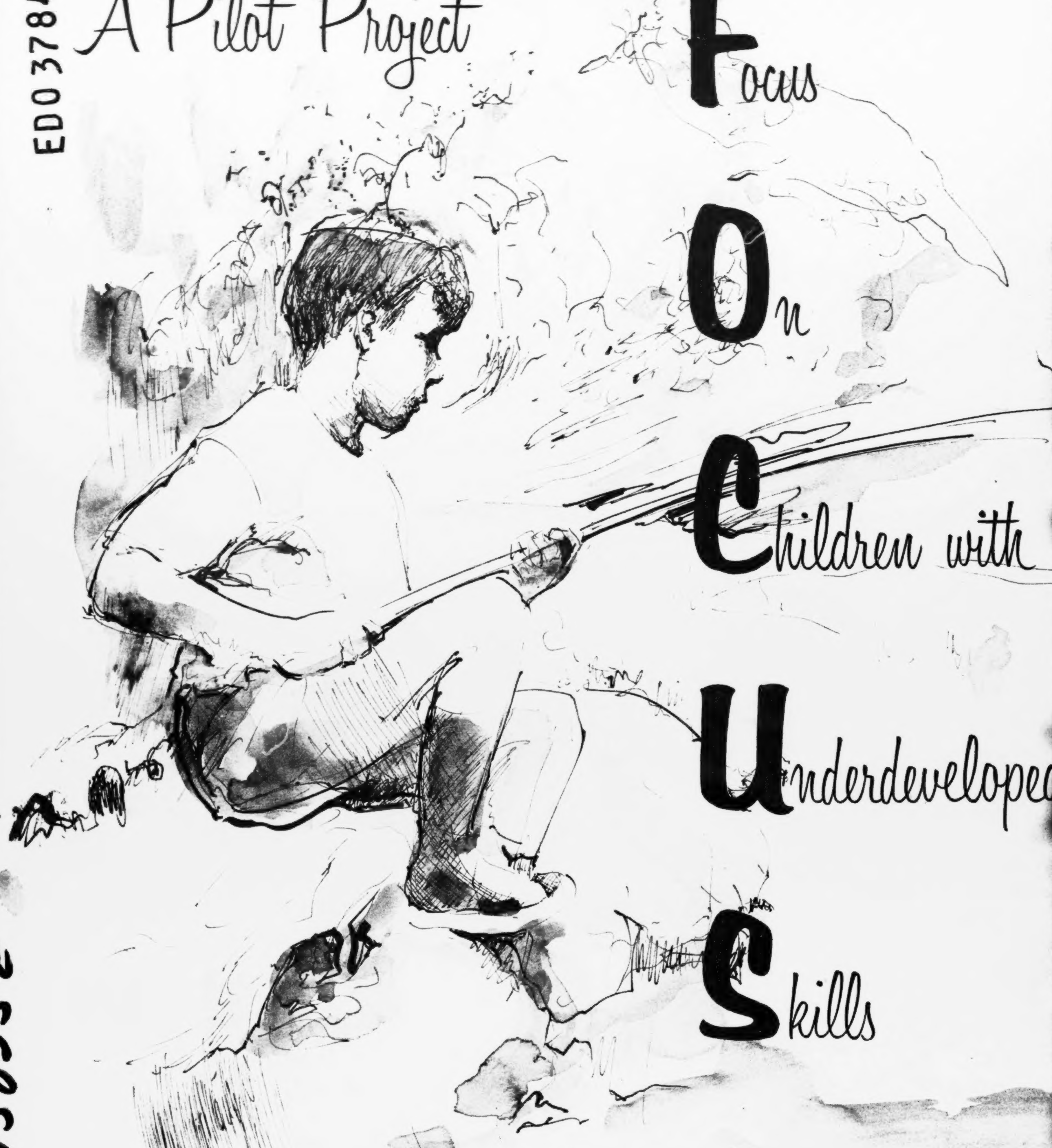
TITLE	Focus on Children with Underdeveloped Skills: End of Budget Year Report.
INSTITUTION	Montgomery County Public Schools, Rockville, Md.
SPONS AGENCY	Office of Education (DHEW), Washington, D.C. Bureau of Elementary and Secondary Education.
BUREAU NO	BR-68-05146-0
PUB DATE	68
GRANT	OEG-0-8-051460-2834
NOTE	248p.
EDRS PRICE	EDRS Price MF-$1.00 HC-$12.50
DESCRIPTORS	Academic Achievement, Adjustment (to Environment), *Exceptional Child Research, Family Background, Health, *Identification, *Intervention, Language Development, *Learning Difficulties, *Learning Disabilities, Learning Readiness, Perceptual Motor Learning, Preschool Children, Professional Training, Program Coordination, Resource Teachers, Screening Tests, Student Evaluation

ABSTRACT

Serving prekindergarten through grade 5, the project was designed to improve the educational performance of children with learning problems (without regard to categorical labels) and thus support the work of the classroom teacher in the child's normal school setting. Team screening processes were developed to identify preschool or school age children with learning problems; assessment, intervention, and followup procedures were also developed, involving teaching teams and resource staff. In addition, continuing staff development and training procedures were provided for project personnel; the project was coordinated and integrated with the school system and the community; a record system was designed as a model for information collection, storage, and retrieval; and project evaluation procedures were developed and applied in terms of outcomes for individual children and for the school system. Appendixes, comprising over half of the document, provide forms and other project material. (Author/JD)

ED037845

A Pilot Project



Focus **O**n **C**hildren with **U**nderdeveloped **S**kills

March 1968 - October 1970 **Pre-Kindergarten Through Grade 5** **Title III, E.S.E.A.**

Montgomery County Public Schools Rockville, Maryland Homer O. Elseroad Superintendent of Schools

EC 005 035

ED037845

END OF BUDGET YEAR REPORT

FOR

FOCUS ON CHILDREN WITH UNDERDEVELOPED SKILLS

Pre-Kindergarten - Grade 5

March 1, 1968 - December 31, 1968

(OEG-0-8-051460-2834 Project No. 68-05146-0)

Submitted by: Board of Education of Montgomery County
Homer O. Elseroad, Superintendent
Rockville, Maryland

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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PART I - STATISTICAL

OE 4381 (REV 2/67)

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
OFFICE OF EDUCATION
WASHINGTON D.C. 20202

BUDGET BUREAU NO. 51-R60
APPROVAL EXPIRES 6/30/68

ESEA TITLE III STATISTICAL DATA

Elementary and Secondary Education Act of 1965 (P.L. 89-10)

THIS SPACE FOR U.S.O.E. USE ONLY →	PROJECT NUMBER	VENDOR CODE	COUNTY CODE	REGION CODE	STATE ALLOTMENT

SECTION A - PROJECT INFORMATION

1. REASON FOR SUBMISSION OF THIS FORM *(Check one)*

A ☐ INITIAL APPLICATION FOR TITLE III GRANT
B ☐ RESUBMISSION
C ☐ APPLICATION FOR CONTINUATION GRANT
D ☒ END OF BUDGET PERIOD REPORT

2. IN ALL CASES EXCEPT INITIAL APPLICATION. GIVE OE ASSIGNED PROJECT NUMBER

68-05146-0

3. MAJOR DESCRIPTION OF PROJECT: *(Check one only)*

A ☐ INNOVATIVE
B ☐ EXEMPLARY
C ☐ ADAPTIVE

4. TYPE(S) OF ACTIVITY *(Check one or more)*

A ☐ PLANNING OF PROGRAM
B ☐ PLANNING OF CONSTRUCTION
C ☐ CONDUCTING PILOT ACTIVITIES
D ☐ OPERATION OF PROGRAM
E ☐ CONSTRUCTING
F ☐ REMODELING

5. PROJECT TITLE *(5 Words or Less)*

6. BRIEFLY SUMMARIZE THE PURPOSE OF THE PROPOSED PROJECT AND GIVE THE ITEM NUMBER OF THE AREA OF MAJOR EMPHASIS AS LISTED IN SEC. 303, P.L. 89-10. *(See instructions)*

ITEM NUMBER ______

7. NAME OF APPLICANT *(Local Education Agency)*

8. ADDRESS *(Number, Street, City, State, Zip Code)*

9. NAME OF COUNTY

10. CONGRESSIONAL DISTRICT

11. NAME OF PROJECT DIRECTOR

ALAN L. DODD

12. ADDRESS *(Number, Street, City, State, Zip Code)*

PHONE NUMBER

AREA CODE

13. NAME OF PERSON AUTHORIZED TO RECEIVE GRANT *(Please type)*

Homer O. Elseroad

14. ADDRESS *(Number, Street, City, State, Zip Code)*

850 North Washington Street
Rockville, Maryland 20850

PHONE NUMBER

762-5000
X 333

AREA CODE

301

15. POSITION OR TITLE

Superintendent of Schools

SIGNATURE OF PERSON AUTHORIZED TO RECEIVE GRANT

DATE SUBMITTED

SECTION A – Continued

16. LIST THE NUMBER OF EACH CONGRESSIONAL DISTRICT SERVED Sixth	17A. TOTAL NUMBER OF COUNTIES SERVED 1 B. TOTAL NUMBER OF LEA'S SERVED 1 C. TOTAL ESTIMATED POPULATION IN GEOGRAPHIC AREA SERVED 500,000	18. LATEST AVERAGE PER PUPIL ADA EXPENDITURE OF LOCAL EDUCATION AGENCIES SERVED $ 622.00

SECTION B – TITLE III BUDGET SUMMARY FOR PROJECT (Include amount from item 2c below)

1.		PREVIOUS OE GRANT NUMBER	BEGINNING DATE *(Month, Year)*	ENDING DATE *(Month, Year)*	FUNDS REQUESTED
A.	Initial Application or Resubmission				$
B.	Application for First Continuation Grant				$
C.	Application for Second Continuation Grant				$
D.	Total Title III Funds				$
E.	End of Budget Period Report	OEG-0-8-051460-2834	March 1968	December1968	

2. *Complete the following items only if this project includes construction, acquisition, remodeling, or leasing of facilities for which Title III funds are requested. Leave blank if not appropriate.*

A *Type of function (Check applicable boxes)*

1 ☐ REMODELING OF FACILITIES 2 ☐ LEASING OF FACILITIES 3 ☐ ACQUISITION OF FACILITIES

4 ☐ CONSTRUCTION OF FACILITIES 5 ☐ ACQUISITION OF BUILT-IN EQUIPMENT

B 1. TOTAL SQUARE FEET IN THE PROPOSED FACILITY __________

2. TOTAL SQUARE FEET IN THE FACILITY TO BE USED FOR TITLE III PROGRAMS __________

C AMOUNT OF TITLE III FUNDS REQUESTED FOR FACILITY $__________

SECTION C – SCHOOL ENROLLMENT, PROJECT PARTICIPATION DATA AND STAFF MEMBERS ENGAGED

1.			PRE-KINDERGARTEN	KINDERGARTEN	GRADES 1 - ~~6~~4	GRADES 7 - 12	ADULT	OTHER	TOTALS	STAFF MEMBERS ENGAGE IN IN-SERVICE TRAINING FO PROJECT
A	School Enrollment in Geographic Area Served	(1) Public	233	472	1826				2531	
		(2) Non-public	-	-	-					
B	Persons Served by Project	(1) Public	233	472	1826				2531	78
		(2) Non-public								
		(3) Not Enrolled								
C	Additional Persons Needing Service	(1) Public								
		(2) Non-public								
		(3) Not Enrolled								

2.	WHITE	NEGRO	AMERICAN INDIAN	OTHER NON-WHITE	TOTAL
TOTAL NUMBER OF PARTICIPANTS BY RACE *(Applicable to figures given in item IB above)*	No information available at this time.				

SECTION C - continued

3. RURAL/URBAN DISTRIBUTION OF PARTICIPANTS SERVED OR TO BE SERVED BY PROJECT

PARTICIPANTS	RURAL		METROPOLITAN AREA		
	FARM	NON-FARM	CENTRAL-CITY	NON-CENTRAL CITY	OTHER URBAN
PERCENT OF TOTAL NUMBER SERVED					

SECTION D - PERSONNEL FOR ADMINISTRATION AND IMPLEMENTATION OF PROJECT

1. PERSONNEL PAID BY TITLE III FUNDS

TYPE OF PAID PERSONNEL	REGULAR STAFF ASSIGNED TO PROJECT			NEW STAFF HIRED FOR PROJECT		
	FULL-TIME 1	PART-TIME 2	FULL-TIME EQUIVALENT 3	FULL-TIME 4	PART-TIME 5	FULL-TIME EQUIVALENT 6
A. ADMINISTRATION/ SUPERVISION	1					
B. TEACHER:						
(1) PRE-KINDERGARTEN thru Grade 4	16					
(2) KINDERGARTEN						
(3) GRADES 1-6						
(4) GRADES 7-12						
(5) OTHER						
C. PUPIL PERSONNEL SERVICES	5	5				
D. OTHER PROFESSIONAL	4					
E. ALL NON-PROFSSIONAL	13*					
F. FOR ALL CONSULTANTS PAID BY TITLE III FUNDS →	(1.) TOTAL NUMBER RETAINED 12			(2.) TOTAL CALENDAR DAYS RETAINED 103½ days		

2. PERSONNEL NOT PAID BY TITLE III FUNDS

TYPE OF UNPAID PERSONNEL	REGULAR STAFF ASSIGNED TO PROJECT			NEW STAFF HIRED FOR PROJECT		
	FULL-TIME 1	PART-TIME 2	FULL-TIME EQUIVALENT 3	FULL-TIME 4	PART-TIME 5	FULL-TIME EQUIVALENT 6
A. ADMINISTRATION/ SUPERVISION		4				
B. TEACHER:						
(1) PRE-KINDERGARTEN						
(2) KINDERGARTEN		10				
(3) GRADES 1 TO ~~6~~4		68				
(4) GRADES 7-12						
(5) OTHER						
C. PUPIL PERSONNEL SERVICES						
D. OTHER PROFESSIONAL						
E. ALL NON-PROFESSIONAL						
F. FOR ALL CONSULTANTS NOT PAID BY TITLE III FUNDS →	(1.) TOTAL NUMBER RETAINED -			(2.) TOTAL CALENDAR DAYS RETAINED -		

*Four instructional aide positions and one clerk-typist position not filled.

SECTION E - NUMBER OF PERSONS SERVED OR TO BE SERVED AND ESTIMATED COST DISTRIBUTION

		MAJOR PROGRAM OR SERVICES	TOTAL NUMBER SERVED OR TO BE SERVED						NONPUBLIC SCHOOL PUPILS INCLUDED (7)	ESTIMATE COST (8)
			PRE-K (1)	K (2)	1-6 (3)	7-12 (4)	ADULT (5)	OTHER (6)		
1.		EVALUATIVE PROGRAMS								
	A	Deficiency Survey (Area Needs)								
	B	Curriculum Requirements Study (Including Planning for Future Need)								
	C	Resource Availability and Utilization Studies								
2.		INSTRUCTION AND/OR ENRICHMENT								
	A	Arts (Music, Theater, Graphics, Etc.)								
	B	Foreign Languages								
	C	Language Arts (English Improvement)								
	D	Remedial Reading								
	E	Mathematics								
	F	Science								
	G	Social Studies/Humanities								
	H	Physical Fitness/Recreation								
	I	Vocational/Industrial Arts								
	J	Special-Physically Handicapped								
	K	Special-Mentally Retarded								
	L	Special-Disturbed (Incl. Delinquent)								
	M	Special-Dropout								
	N	Special-Minority Groups								
3.		INSTRUCTION ADDENDA								
	A	Educational TV/Radio								
	B	Audio-Visual Aids								
	C	Demonstration/Learning Centers								
	D	Library Facilities								
	E	Material and/or Service Centers								
	F	Data Processing								
4.		PERSONAL SERVICES								
	A	Medical/Dental								
	B	Social/Psychological								
5.		OTHER								

PART II - NARRATIVE REPORT

PART II - NARRATIVE REPORT

1. (a) The major objectives of the project briefly stated are as follows:

   A. To improve, as early as possible, the educational performance of children with problems related to learning without regard to categorical labels in order to support the work of the classroom teacher in the child's normal school setting

   B. To identify, through team-screening processes, children in selected schools, pre-Kindergarten through Grade 5, whose problems interfere with their performance or whose present school programs are inadequate

   C. To develop and utilize strategies for adequate assessment, intervention, and follow-up of children who have been identified as having problems related to learning

   D. To provide continuing staff development and training procedures for project personnel

   E. To coordinate and integrate the pilot project with the school system and the community

   F. To develop and utilize a record system which will serve as a model for information collection, storage, and retrieval

   G. To design and apply procedures to evaluate the results of the project in terms of outcomes for individual children and for the school system

The initial funding for Project FOCUS became effective March 1, 1968. However, as the recruitment and selection of the majority of the staff had to be accomplished during the month of March, the project actually became operational April 1, 1968.

The project, as stated in the original proposal, was intended in its first phase to include children, pre-Kindergarten through Grade 3. Phase I, which began on March 1, 1968, was originally intended to terminate October 31, 1968. However, the first phase was later extended through December 31, 1968. The substance of this report, then, is a description of the activities and events that were a part of the project from March 1, 1968, to December 31, 1968.

The second phase was originally scheduled to run from November 1, 1968, to October 31, 1969. With the extension of the first phase previously cited, the second phase was rescheduled from January 1, 1969, to August 31, 1969. The third and final phase is now projected to begin September 1, 1969, and terminate October 31, 1970.

It should be noted that screening and referral procedures were undertaken during the late spring of the 1967-68 school year. These activities represent the extent of project involvement in the project schools until the summer. During the summer, limited instructional programs were carried on in the FOCUS schools by the teaching teams. The teaching teams, then, became an integral part of school faculties of the FOCUS schools in September, 1968.

The extent to which FOCUS has achieved its objectives to date has been evaluated in terms of conditional probability and correlational and factor analyses of the screening data, questionnaires to evaluate workshops and seminars, and subjective narrative reports.

The evaluation cost to date is estimated at $22,120. This figure is arrived at by treating all costs of storage of screening data on computer tape as temporarily serving only the evaluation objective. The estimate includes salaries of FOCUS evaluation staff ($14,000), data systems planning and analysis consultation ($900), key punching ($1,737), programming ($1,645), tape ($128), and computer time ($700), and test materials for the next evaluation phase ($2,638).

OBJECTIVE A: To improve, as early as possible, the educational performance of children with problems related to learning without regard to categorical labels in order to support the work of the classroom teacher in the child's normal school setting

Further examination and analysis of this objective by the staff has made it evident that it is a generalized objective which, in fact, encompasses the total thrust of Project FOCUS. Therefore, the information contained under this objective, as it is presently interpreted, will be of a generalized nature dealing briefly with some of the major developments in the project not covered in later sections of the report.

SELECTION OF FOCUS SCHOOLS

One of the first major steps taken in the project was the selection of the four elementary schools in which the project would operate. Before the selection of the Project FOCUS schools, the following criteria were established:

1. The presence of a high incidence of varied needs as revealed by data from the Inventory of Student Needs made in the school year 1966-67 and from other sources.

2. An adequate number of pupils to test the impact of Project FOCUS as a supplementary program.

3. A total project school population with intelligence range similar to normal state and national averages.

4. The availability of two rooms (one regular classroom and one room for small-group instruction) from July, 1968, through the first semester of the 1970-71 school year.

5. Local school administrator interest and willingness to accept the additional demands that such a project will make on time and effort.

6. The inclusion of different geographical areas.

7. The absence of participation in other special programs which result in the assignment of additional staff to the building such as Title I, ESEA, and projects.

Using these criteria, the following steps led to final project school selections:

1. Review of the data from the Inventory of Student Needs, conducted under a Title III, ESEA, planning grant, indicated that the highest incidence of need as perceived by the teachers was in Area 3. Area 5 was next highest and, all fairly close together, were Areas 9, 11, and part of 12. Examination of test data as collected by the Department of Pupil and Program Appraisal revealed similar findings. These findings led to a conference with the assistant superintendent for administration, the FOCUS director, and the directors of Areas 3, 5, and 12.

2. After considerable investigation including discussions with school principals and members of the Division of Planning, it was determined that no schools in Areas 3 or 12 which met the criteria either had room for the program or were not participating in Title I.

3. Subsequently the FOCUS project director conferred with the directors of Areas 9 and 11. On the basis of these discussions, contacts with the Division of Planning, and conferences with school principals, it was agreed that Connecticut Park and Rosemary Hills Elementary Schools should be nominated for participation in the project.

4. Lone Oak and Twinbrook Elementary Schools were nominated following extensive discussions with the Area 5 director and school principals.

5. The final decision was made after consultation with the Division of Planning regarding the availability of adequate space for the next three years.

As a result of these deliberations, the following schools were selected to participate in Project FOCUS. The comparison and control schools are included in Table 1 in order to complete the picture of the evaluation model.

TABLE 1

Schools Participating in Project FOCUS

Names of Elementary Schools and Enrollments		Variant (Appendix A)	Administrative Area
Rosemary Hills	539	1. Project FOCUS screening and services	9
Twinbrook	1,285	1. Project FOCUS screening and services	5
Comparison Schools		2. Project FOCUS screening and regular intervention services using screening information	Dropped Pending Interim Validation of Screening Procedures
Connecticut Park	812	3. Usual referral procedures and Project FOCUS services	11
Lone Oak	759	3. Usual referral procedures and Project FOCUS services	5
Control Schools		4. Record keeping and Project FOCUS screening for evaluation purposes only	
Burtonsville	440		12
Weller Road	844		11

During the month of December, Weller Road Elementary School and Burtonsville Elementary School were selected as control schools for Project FOCUS. A meeting was held in December with the principals of these schools and the four FOCUS schools in order that arrangements be made for the collection of data needed in the evaluation of the project.

Change in Directorship

The Montgomery County Board of Education on February 13, 1968, appointed William R. Porter as director of Project FOCUS. Mr. Porter had previously served as director of the Office for Planning Supplementary Education Services, the Title III planning project that had provided the background for the design of Project FOCUS. In June of 1968, Mr. Porter was granted an academic leave by the Board of Education effective October 1, 1968.

On August 5, 1968, Dr. Alan L. Dodd was appointed to succeed Mr. Porter as director of Project FOCUS, effective October 1, 1968. Dr. Dodd had most recently served as assistant director of the Department of Supervision and Curriculum Development for the school system. Dr. Dodd reported to his new assignment on August 15, thus making possible a transition period of approximately six weeks.

Staff Selection, Orientation, and Facilities

During March, 1968, the staff was recruited by announcing all positions in the Superintendent's Bulletin which is received by every employee in the school system. In response to the 33 positions advertised, 159 persons applied; and the 130 applicants who met the staff requirements were interviewed. Thirty-two appointments were made before the staff reported on April 1, 1968. A detailed table describing the number of applicants, interviews, and appointments for each position is included in Appendix A as well as a staff organization chart.

The first week of April was spent orienting the staff. The resource staff was housed initially in central administrative offices and later, when the building was sold for urban renewal, moved to Larchmont Elementary School where empty classrooms were converted to office space. The teaching staffs attended an institute at the University of Maryland from April 3, 1968, until June 21, 1968, and then reported to their local schools where two rooms were provided for each teaching team.

Resource Staff Meetings

Soon after the resource staff was assembled, the director began holding weekly staff meetings. These meetings were devoted to matters of general policy and decision-making as well as to matters of a more routine administrative nature.

SCREENING

OBJECTIVE B: To identify, through team-screening processes, children in selected schools, pre-Kindergarten through Grade 5, whose problems interfere with their performance or whose present school programs are inadequate

It had been anticipated that devising a screening battery and preparing for screening operations would be spread over a considerably longer period of time than was allowed by the actual funding date. Screening operations were initiated approximately one month after employment of staff. Problems attendant upon such rapid development of plans led to the decision to treat the screening operations of May and June, 1968, as a pilot for the screening procedures projected for future phases of the project. This made it possible to evaluate each instrument in the screening package, to clarify terminology, to eliminate repetition, to consolidate aspects of the screening, and to improve the system for storing and retrieving information for future screening operations.

To institute the screening process, it was necessary to identify or develop a comprehensive battery of screening instruments that would be feasible to administer to large numbers of children. While the proposal for Project FOCUS had outlined the general guidelines for such screening and noted the areas to be included, specific tests and procedures remained to be developed.

Consultation with staff of the Montgomery County Public Schools and educational and research agencies in and beyond the local community revealed a lack of screening tests with proven reliability and validity. Review of the literature and communication with staff of similar projects in other areas yielded few screening measures specific to the needs outlined by Project FOCUS staff. To develop the required battery, it was necessary to adapt appropriate tests, questionnaires, and checklists from existing samples or to design them to meet project needs.

Staff consensus was reached on the need for screening instruments in the following areas:

Health, including vision and hearing
Language development and speech
Gross motor ability and fine muscle coordination
School readiness or academic achievement
Social-emotional adjustment
Demographic data and family background

Separate screening batteries were developed for preschool and school age children. The preschool battery included:

1. Nurse Interview Health Inventory
2. Health Data Summary Sheet
   a) Review of Health Record
   b) Vision Screening for Acuity and Muscle Balance
   c) Audiometric Screening

3. Speech and Language Screening
4. Parent Interview for Home and Family Data
5. Parent Observation of Child's Behavior
6. Gross Motor Ability Test (Items scaled to age group)
7. Copy Forms and Pencil Grip
8. Draw-A-Man

The screening battery for children in Kindergarten through Grade 3 included:

1. Teacher Checklist of Learning Problems
2. Teacher Health Observation Report
3. Health Data Summary Sheet
    a) Review of Health Record
    b) Vision Screening for Acuity and Muscle Balance
    c) Audiometric Screening
4. Classroom Behavior Inventory
5. Draw-A-Man
6. Gross Motor Ability Test (Items scaled to age group)
7. Speech and Language Screening
8. Achievement Test
    a) Kindergarten: Metropolitan Readiness Test
    b) Grades 1 and 2: Stanford Achievement Test (Selected subtests)
        Paragraph Meaning
        Arithmetic
    c) Grade 3: Iowa Test of Basic Skills (utilizing results of county-wide testing administered to Grade 3 students in May, 1968, by the Department of Pupil and Program Appraisal, Montgomery County Public Schools)
9. Parent Questionnaire[1]
    a) Home and Family Data
    b) Parent Observation of Child's Behavior

Screening tests and record sheets were constructed in a format amenable to machine processes and were produced by staff for distribution to project schools in which screening was to take place. Where feasible, screening forms were provided in duplicate to make data available for the machine processes, but time limitation prevented carbonization of the forms. Screening packages were developed with directions for administering and scoring in order to standardize procedures. Copies of the screening packages for all grades are included in Appendix B.

Table 2 shows the numbers of children who were screened.

---

[1] Mailed to parents of all K-3 children in one project school as a pilot to test the instrument in terms of parent attitude and rate of response.

TABLE 2

Numbers of Children Involved in Screening Procedures
in Two Project Schools
N=1371

School	Grade	Number Screened	Total
Twinbrook	Pre-Kindergarten	161	
	Kindergarten	215	
	Grade 1	189	
	Grade 2	175	
	Grade 3	175	915
Rosemary Hills (ungraded)	Pre-Kindergarten	55	
	Kindergarten	93	
	All Sections	308	456
			1,371

ADMINISTERING SCREENING TESTS

An objective of the screening procedures was to develop screening methods capable of application throughout the school system at the conclusion of the project. Availability of screening staff was therefore a major consideration. In the initial screening (May-June, 1968), the feasibility of using regular classroom teachers and the resource personnel[1] regularly assigned to the project schools to give the screening tests was explored. Problems were intensified by the delayed funding of the project. For example, the shortened period during which the screening had to be accomplished required the use of more resource personnel than had been anticipated. Arrangements were made with school administrators to free resource personnel from their scheduled assignments in nonproject schools to aid in the screening. This resulted in a reduction of special services in these other schools for periods of one to three weeks. Project FOCUS staff also helped give the screening tests to relieve this problem. In-service training sessions in giving and using the tests were conducted prior to the screening by the project child development team.

Screening activities were scheduled during May and June at Rosemary Hills and Twinbrook Elementary Schools, involving children presently enrolled in Grades K-3. In addition, children registering at these schools in the spring of 1968 for admission to Kindergarten in September, 1968, were included in the screening. Screening for the preschool children was designed to be completed in one 90-minute session involving approximately 35 children in each session. About 100 preschool children per day were scheduled for screening at each of the two schools, although the numbers actually registering proved somewhat below the anticipated figure. Appendix B contains a schedule illustrating pre-Kindergarten registration in one school. A copy of the information sent to parents preparatory to registration is included in Appendix F.

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[1] Resource personnel included itinerant speech therapists and physical education teachers.

Screening activities for the children K-3 were conducted at the two elementary schools over a period of several days and were worked into the regular schedule with the least possible disruption of school activities. Appendix B includes the screening schedule at one of the two schools in which screening was accomplished. Principals and resource staff of the schools assumed responsibility for scheduling and/or giving the tests. Parent volunteers were recruited to assist the staff with pre-Kindergarten screening (Appendix D).

COMPONENTS OF THE SCREENING PACKAGES

Health Screening

The major effort of the nurse and doctor on the Child Development Team was put into the health screening activities at the initiation of the project. Working together, and working closely also with the divisions of Child Health and School Health in the Montgomery County Health Department, the project nurse and doctor compiled a form for ingathering of all health screening information to be utilized by Project FOCUS. This included a Teacher Health Observation Report (Appendix B), information relative to vision and hearing screening, and review of health inventory and dental forms. Meetings were held with the Maryland State Health Department Audiology Consultant in planning the hearing screening and with the Optometric and Ophthalmologic Consultant team of the State Health Department in planning the vision screening. The aid of the D. C. Society for the Prevention of Blindness was elicited, and staff of the society was supplied to do the vision screening. The screening included a test of acuity, using the Snellen Chart, and a test of eye muscle balance.

Recruiting was done by the school health nursing supervisor for health assistants to summarize and transcribe medical records. Difficulties were encountered in finding applicants willing to work a 12-month year. Difficulties also were encountered due to lack of time for job training, particularly since assistants were needed immediately for transcribing data to the health records.

The public health nurse on the Child Development Team, working in conjunction with the regular school nurse, helped to plan the preschool conferences at the two schools where screening took place. She also had the responsibility for orienting and supervising the health assistants. Lack of a regularly scheduled nurse at one school caused a heavy load of work to be placed on the project nurse in a role that had not been anticipated for her.

Speech and Language Screening

The requirements for the speech screening instrument were that it be capable of getting a sampling of language competence, auditory memory, articulation, and fluency. Voice quality and physical characteristics of the speech mechanism were to be observed also. Standardized material for sampling language competence and auditory memory was considered paramount in order that the instrument have measurable validity. The test had to be capable of quick administration and scoring. Review of the literature yielded information about many approaches to screening, but it was felt that none met the specific criteria proposed by the project staff. Consultation was sought from Dr. Joan Baratz, Center for Applied Linguistics, Washington, D. C., and Mrs. Mary W. Masland, consultant, Speech and Hearing Division of the Montgomery County Health

Department and Johns Hopkins Hospital. Based on these investigations, several tests were examined and used on a sample of children of varying ages. Techniques for administration were studied before the final choice was made. Subtests from two standardized instruments were chosen: Sentence Repetition from the Wechsler Preschool and Primary Scale of Intelligence[1] and the Digit Memory Subtest from the Illinois Test of Psycholinguistic Ability (1961)[2]. These tests were recorded on magnetic tape to preserve the validity of the test administration in a situation where many different therapists would be administering the screening. This was done with precision timing to meet the requirements of the test protocol.

Directions for screening were specific, and details were supplied for conducting the interview to elicit a sampling of free speech. A check sheet was added for recording the therapist's judgment of articulation, voice, fluency, hearing, auditory discrimination, and language maturity (Appendix B).

The project speech and hearing specialist acted as coordinator as well as tester during the course of the screening. Therapists from the staff of the Montgomery County Public Schools were released from their regular assignments to assist in the screening. Graduate and undergraduate students, in their fourth year of training in speech and hearing at the University of Maryland, also helped in the screening. In the period from May 8 to 24, 18 professional and 13 student therapists were involved. The equivalent of 68½ days of professional time was devoted to the speech screening of approximately 1,350 children.

Each therapist needed a relatively quiet room equipped with a tape recorder and desks or tables and chairs. Space presented a problem because of the other screening activities being carried on concurrently. Clerical assistance was needed in getting data on the screening sheets to enable the therapists to give full time to screening and servicing more children. Additional screening stations were set up as space became available to avoid long periods of waiting. Refinements were developed as the screening period continued so that professional time could be used with maximum efficiency.

At full efficiency, the test took an average of 10 minutes per child, a longer time than had been anticipated. Although the tests appear to have yielded invaluable information relevant to the entire diagnostic process, ways of reducing the time needed for the speech screening must be explored.

Scoring the Speech Screening Tests

The Wechsler scale was selected with the knowledge that it was standardized to only the 6½-year level. It was assumed that there would be a significant difference in the performance of older and younger children so that failure on the part of older children would make a basis for judgment as to the child's language ability and memory.

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[1] Permission was secured from the Psychological Corporation of America, New York, New York, for the use of this subtest for research purposes.

[2] Permission was secured from Dr. Samuel Kirk, Institute for Exceptional Children, Urbana, Illinois, for use of this subtest for research purposes.

When the tests were scored in May, it was apparent that the scaled score was not useful for first grade that late in the school year because many of the children were beyond the 6½-year level. Further, the wide spread of performance on the sentences at each age level made the decision regarding language development on the basis of a raw score a subjective professional judgment. Subsequent processing of the information yielded a range for each age level that has been developed into a table of stanines useful for determining how a child's performance relates to the performance of other children of that age and at what stage he may be considered to be in difficulty. Table 3 shows these relationships. The lower three stanines or the lower 23 per cent may be considered scores of significance in educational performance, e.g., a child up to the age of four years and ten months would need to score at least six and a child of nine would need a score of 21.

TABLE 3

Stanine Equivalents for Raw Scores on the Sentences Subtest of the W.P.P.S.I.*

	Stanine									
Age in Months	1	2	3	4	5	6	7	8	9	N
54-57.9	0- 2	3- 4	5	6- 7	8- 9	10-12	13-15	16	17-34	63
58-61.9	0- 4	5- 6	7	8-10	11-12	13-15	16-19	20-22	23-34	64
62-65.9	0- 4	5- 6	7	8-10	11-12	13-16	17-20	21-24	25-34	63
66-69.9	0- 5	6	7- 8	9-11	12-14	15-17	18-20	21-24	25-34	87
70-73.9	0- 6	7- 8	9-11	12-13	14-16	17-18	19-20	21-24	25-34	73
74-77.9	0- 6	7- 8	9-12	13-15	16-17	18-19	20-22	23-25	26-34	65
78-81.9	0- 8	9-10	11-14	15-17	18-20	21-22	23-24	25	26-34	74
82-85.9	0- 8	9-10	11-15	16-17	18-20	21-22	23	24-25	26-34	80
86-89.9	0- 8	9-10	11-15	16-17	18-20	21-22	23-25	26-28	29-34	85
90-93.9	0-11	12-13	14-16	17-19	20-21	22-23	24-26	27-28	29-34	73
94-97.9	0-11	12-13	14-16	17-19	20-21	22-23	25-26	27-28	29-34	80
98-101.9	0-11	12-15	16-17	18-20	21-22	23-25	26-28	29-30	31-34	64
102-105.9	0-11	12-15	16-17	18-21	22-23	24-25	26-28	29-30	31-34	88
106-109.9	0-15	16	17-19	18-21	22-23	24-25	26-27	28-30	31-34	62
110-113.9	0-15	16-17	18-21	22	23-25	26-28	29-30	31-32	33-34	52
Cum. %ile	4	11	23	40	60	77	89	96	97+	

*Wechsler Preschool and Primary Scale of Intelligence

In the original use of the scores on the Digit Memory subtest from ITPA, the "language age," or scaled score, had been considered. However, a steady growth was indicated up to second grade but dropped in the third grade. This held in spite of the fact that the raw scores continued to increase. In interpreting the data, therefore, the raw score was used consistently as the criterion for making judgment regarding the population tested. A stanine table (Table 4) was established for these scores also, and the lower 23 per cent used as a cut off point in determining the existence of an auditory problem, when relating it to success in school. On this basis, then, the child of four years and ten months would have to score above 12 and the nine-year-old would need to score above 25 to be considered having adequate auditory memory. Although the score is a useful guideline, experience has shown that the way the score was achieved should be considered and the score not taken on face value.

TABLE 4

Stanine Equivalents for Raw Scores on the Auditory-Vocal Sequencing Subtest of the I.T.P.A.*

	Stanine									
Age in Months	1	2	3	4	5	6	7	8	9	N
54.0-57.9	0- 7	8-10	11-12	13-15	16-17	18-20	21-22	23-26	27-40	63
58.0-61.9	0- 8	9-12	13-14	15-17	18-20	21-23	24-26	27-29	30-40	64
62.0-65.9	0- 9	10-13	14-15	16-18	19-21	22-24	25-27	28-30	31-40	62
66.0-69.9	0-12	13-14	15-17	18-19	20-22	23-25	26-27	28-30	31-40	87
70.0-73.9	0-13	14-15	16-17	18-19	20-22	23-25	26-27	28-30	31-40	73
74.0-77.9	0-15	16-17	18-19	20	21-22	23-25	26-30	31-35	36-40	65
78.0-81.9	0-15	16-17	18-20	21-22	23-24	25-27	28-32	33-36	37-40	74
82.0-85.9	0-16	17-19	20-21	22-23	24-25	26-29	30-32	33-36	37-40	80
86.0-89.9	0-16	17-19	20-21	22-23	24-26	27-30	31-32	33-36	37-40	85
90.0-93.9	0-17	18-19	20-21	22-24	25-27	28-30	31-33	34-36	37-40	73
94.0-97.9	0-19	20	21-22	23-25	26-27	28-30	31-33	34-36	38-40	80
98.0-101.9	0-19	20	21-22	23-25	26-27	28-30	31-33	34-36	38-40	64
102.0-105.9	0-19	20-21	22	23-25	26-28	29-31	31-35	36-37	38-40	86
106.0-109.9	----	20-21	22-23	24-26	27-30	31-32	33-36	37-39	40	61
110.0-113.9	----	-----	23-25	26-28	29-33	34-35	36-37	38-39	40	52
Cum. %ile	4	11	23	40	60	77	89	96	97+	

* Illinois Test of Psycholinguistic Ability

Preliminary Implications Derived from Speech Screening

As noted earlier in this section in the battery of screening items, the hearing of children was tested to rule out end organ deficit. Because of the recognition that "to be able to hear is not necessarily to be able to listen"[1] and that the listening factor is important in the integration and utilization of information and development of spoken language, the screening instruments sought to determine the ability of the child to process auditory input and translate it into expressive language. If the child with normal hearing is unable to repeat sentences of increasing complexity, it may indicate poor language development. In repetition of sentences, he usually reproduces at his characteristic level of syntactic development.

"Auditory memory span refers to the amount of information an individual can retain in proper sequence, particularly for purposes of immediate action or recall. Many children with learning disabilities are limited in the amount of information they can remember. Consequently, they have difficulty in taking commands or in comprehending complex verbal instructions."[2]

The data was explored for information to bear out the hypothesis that poor auditory language function and poor auditory memory are positively related to a child's success in school. When the scores on the sentence and digit tests were related to scores on reading and arithmetic, it was found that six out of ten children with auditory problems also had reading problems. It was found that, in Kindergarten, six of ten children and, in Grades 1, 2, and 3, five of ten children in the lower third range for Sentences and Digits were also in the lower third range for reading readiness or reading achievement. For Kindergarten children in the lower third of Sentences and Digits, the probability of an associated low reading score was approximately twice (p .60) that for other children (p .28). For Grades 1-3, the corresponding probability values were lower, being approximately half again as great as for children scoring in the upper two-thirds on the Sentences and Digits tests. For arithmetic, the probabilities for Grades 1-3 were very close to those found for reading. Assessment by diagnostic activities would be needed to discover whether this relationship was due to the inability to learn vocabulary, to missing of information, or to lack of language concepts. The input mechanism must be gathering information if the organism is to store enough correct information to meet the demands of school work.

Gross Motor Screening

Recent theories advanced by Kephart[3] and others indicate a relationship between motor coordination and learning disorders. Motor tasks that are thought to have a relationship to learning disorders are mainly within the areas of static balance, dynamic balance, spatial relationships, directionality, laterality, hand-eye coordination, and bilateral movement. In order to gather baseline data from which to help determine whether such a relationship actually exists and to set up county norms, a series of motor tasks was included in the screening battery. Existing tests were found to be lengthy, and the majority of them were geared to children nine years of age and older. Therefore, a graded series of tests was devised, not to exceed four minutes, that would give a quick indication of the child's coordination in each one of the above mentioned areas. The scoring system used for the entire test is included on the test form (Appendix B). Analyses of the data revealed that the correlations between the Gross Motor Skills and Reading and Arithmetic achievement tests, while statistically significant, were not sufficiently high to have diagnostic and predictive value. For further details, see section on analyses of screening (page 40).

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[1] Doris J. Johnson and Helmer R. Myklebust, Learning Disabilities (New York: Grune and Stratton, 1967), p. 11.

[2] Ibid.

[3] Newell C. Kephart, The Slow Learner in the Classroom (Columbus, Ohio: Charles E. Merrill Books, 1960), passim.

Pre-Kindergarten Screening for School Readiness

A review of the literature and consultation with others involved in screening programs gave some indication of potentially useful instruments at the pre-Kindergarten level. The final choice of instruments was based on the work of Harris,[1] Van and Eisen,[2] Koppitz,[3,4,5] Ilg and Ames,[6] and DeHirsch.[7]

The instruments chosen were the Draw-A-Man Test, the Copy Forms (copying a circle and a square), and the Pencil Grip. These instruments were designed for individual administration by a Kindergarten teacher in a minimum of time--3 to 5 minutes per child (Appendix B). Testing took place in the Kindergarten classroom. Children waiting to be tested were permitted to explore the classroom with only minimal supervision from a parent volunteer. It was possible to test individually even when there were several children in the classroom. Following the administration of the Draw-A-Man Test and the Copy Forms, the teacher was asked to rate the child on his grip of the pencil and to note briefly any inappropriate or unusual behavior observed while the child was in the classroom.

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[1] Dale B. Harris, Children's Drawings as Measures of Intellectual Maturity (New York: Harcourt, Brace and World, 1963).

[2] J. R. Vane and V. W. Eisen, "The Goodenough Draw-A-Man Test and Signs of Maladjustment in Kindergarten Children," Journal of Clinical Psychology, XVIII, No. 3 (1962), 276-279.

[3] E. M. Koppitz, "Emotional Indicators on Human Figure Drawings of Children: A Validated Study," Journal of Clinical Psychology, XXII, No. 3 (1966), 313-315.

[4] E. M. Koppitz, "Emotional Indicators on Human Figure Drawings of Shy and Aggressive Children," Journal of Clinical Psychology, XXII, No. 4 (1966), 466-469.

[5] E. M. Koppitz, "Emotional Indicators on Human Figure Drawings and School Achievement of First and Second Grades," Journal of Clinical Psychology, XXII, No. 4 (1966), 481-483.

[6] Frances Ilg and Louise Bates Ames, School Readiness (New York: Harper and Row, 1964).

[7] Katrina DeHirsch, et al., Predicting Reading Failure (New York: Harper and Row, 1966).

At the pre-Kindergarten level, lack of school readiness on the basis of the Draw-A-Man Test was indicated if:

1. The child was less than five years of age, and any one of indicators 8, 18, 19, 21, 25, or 26 was checked; or if four of the remaining indicators (excluding numbers 5, 24, 25, 27, 28) were checked.

2. The child was five years or older, and any one of indicators 8, 18, 19, 21, 23, 24, 25, or 26 was checked; or if four of the remaining indicators (excluding 27 and 28) were checked.

3. The child refused the task, drew a scribble, or drew no more than a head.

The use of single indicators as a criterion for referral was based on the clinical significant of the indicator or its frequency of occurrence. The use of four or more indicators as a criterion for referral was based on Koppitz's[1] research and on a frequency distribution of the number of indicators on each of 233 first grade drawings (127 boys, 106 girls) from two project schools. (Pre-Kindergarten and Kindergarten drawings were not available at this time for plotting frequency distributions.) Scribbles, refusals, or drawings of a head only were taken as indicators of lack of school readiness because of their clinical significance.

The instructions for scoring the square on the Copy Forms was based on the Vane Kindergarten Test.[2] The instructions for scoring the circle were arrived at by examining other scoring procedures (Winter Haven Perceptual Forms[3] and Stanford Binet) and by visually inspecting the circles copied by the pre-Kindergarten children. The criteria for determining school readiness as indicated by the total score on the Copy Forms was based on a frequency distribution of 206 Copy Forms (123 boys, 83 girls). If the child's total score was in the first quartile for his age and sex, there was a question of his readiness for school on the basis of this test.

Although there has not yet been time to utilize fully the findings of the first screening to determine what changes, if any, should be made in the pre-Kindergarten screening instruments described above, several observations can be made.

For those children unable to draw a figure, an alternative task might be an incomplete figure task such as the one on the Stanford Binet or the one used by Ilg and Ames in the School Readiness Survey.

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[1] E. M. Koppitz, Psychological Evaluation of Children's Human Figure Drawings (New York: Grune and Stratton, Inc., 1968), pp. 331-333.

[2] J. R. Vane, "The Vane Kindergarten Test," Journal of Clinical Psychology, XXIV, No. 2 (1968), 121-154.

[3] Perceptual Forms and Incomplete Copy Forms: Teacher's Test Manual, (Winter Haven, Florida: Winter Haven Lions Publication Committee, 1963).

Several indicators (integration; shading of face, body, and limbs) on the Draw-A-Man Test were sometimes difficult to score. If more specific scoring instructions cannot be developed, it may be necessary to eliminate these indicators in future scoring systems for the Draw-A-Man Test.

The scoring of the circle on the Copy Forms involved more subjective judgment than had been anticipated. This problem might be reduced by adding a third copying test (e.g., the cross) or merely substituting the cross for the circle.

The Pencil Grip was meant to measure grip only. However, experience with this item suggests that it be modified into a pencil "use" test or a test of both "grip" and "use."

The order of presenting the pre-Kindergarten tasks must be given more thought before finalizing the next screening program. Several Kindergarten teachers noted that the figure drawing was sometimes influenced by the preceding experience of having copied the circle and square. It was suggested that the Draw-A-Man Test be given before the drawing of the circle and square to reduce the possibility of perseveration from the Copy Forms to the Draw-A-Man Test.

Future screening instruments will include greater provision for the tester to note the child's test-taking behavior (e.g., disinterested, hyperactive, having poor comprehension, fearful).

Screening for Achievement and Social-Emotional Adjustment in Grades K-3

The screening instruments for K-3 were selected after both a review of the literature and conversations with persons involved in screening and evaluation programs both within and outside Montgomery County Public Schools. It was decided that screening at the K-3 level should involve measures of achievement (or readiness), social-emotional adjustment, and classroom adjustment. In addition to the Draw-A-Man Test,[1] the Metropolitan Readiness Test was selected for Kindergarten classes. The Paragraph Meaning and Arithmetic sections of the Stanford Achievement Test were used for first and second graders. The two reading and three arithmetic scores from the Iowa Test of Basic Skills were used for third graders.

On the Metropolitan Readiness Test, a percentile rank of 29 or less was taken as constituting a problem in readiness for first grade. On the Stanford Achievement Test, a percentile rank of 15 or less on Paragraph Meaning and/or Arithmetic was defined as a problem in achievement. For the Iowa Test of Basic Skills, percentile ranks of 15 or less on Vocabulary, Reading Comprehension, Arithmetic Concepts, Arithmetic Problem Solving, or Arithmetic Total indicated a problem in achievement.

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[1] For Kindergarten pupils, the possibility of social-emotional problems was indicated if any one of indicators 8, 18, 19, 21, 23, 24, 25, or 26 was checked and/or if four or more of the remaining indicators (excluding 27 and 28) were checked. For pupils in Grades 1-3, the possibility of social-emotional problems was indicated if any one of indicators 8, 18, 19, and 21 through 26 was checked and/or if four or more of the remaining indicators were checked.

A Classroom Behavior Inventory, based on an instrument developed by Schaefer and Aaronson,[1] was selected for K-3. This instrument was considerably shortened, and two slightly different versions were developed so that it could be completed by either teachers or parents. (See Appendix B for teacher version of this instrument.)

The Classroom Behavior Inventory contained items designed to measure the teacher's perception of the pupil's adjustment in three major areas: social habits, personal habits, and work habits. It also yielded a total adjustment score and contained a single item (not scored) asking the teacher to rate the child's overall adjustment. Frequency distributions of the four possible scores on this instrument were obtained for 186 inventories (86 boys, 63 girls) Grades 1-3 in one of the project schools. If a pupil's score on one or more of the four possible scores fell in the first quartile, then the possibility of classroom adjustment problems was indicated.

Although it is still too soon to determine whether it will be necessary to make changes in the above instruments for the next screening, it appears that the Classroom Behavior Inventory will probably need revision. If planned analyses prove it to be a good predictor of perceived adjustment, it will need to be modified so that it can be more easily and quickly completed by the classroom teacher.

The Teacher Checklist, F08 (Appendix B), was designed to reflect the teacher's perception of the students' problems in achievement and in work habits. Fifteen items were chosen from the Inventory of Student Needs,[2] and teachers were asked to indicate whether problems existed in these areas.

CASE CONFERENCES

A second phase of screening involved a series of conferences with the child's classroom teacher and the principal to share findings of the screening tests and gather information which would add to the information derived from screening. An average of 90 minutes per class was used for these meetings.

Each member of the screening team, the child's classroom teacher, and the principal indicated whether the child had a problem in the area of screening for which each was responsible. This information was recorded on a cover sheet which summarized the child's performance on the screening tasks (Appendix B) and gave a profile of his educational and related needs. Since the recording sheet presents a profile of the child's problem areas and indicates the additional services which have been recommended for him, it provides the basis for the first step in assessment.

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[1] Earl S. Schaeffer and May Aaronson, Classroom Behavior Inventory Preschool to Primary (Washington, D. C.: U. S. Department of Health, Education, and Welfare, Public Health Service, National Institute of Mental Health, U. S. Government Printing Office, 1967).

[2] Office for Planning Supplementary Education Services, Planning for Supplementary Education Services, Volume 1 - Recommendations (Rockville, Maryland: Montgomery County Public Schools, 1967).

In early July, next steps were taken to determine the assessment action for each child referred through screening for further services. Diagnostic and prescriptive teachers and the program specialist, in conjunction with the Child Development Team, determined the nature of the interventions for specific children. Parents were contacted to acquaint them with project goals for their children and to obtain their permission for the children chosen to receive project services during July and August.

In the two project schools where screening was not performed, children were selected on the basis of referrals made by the classroom teachers.

Allocations for Initial Assessment

Table 5 shows how the referrals from screening and from teacher identification were allocated to project staff for initial assessment. Assessment was designed to show whether the referral had identified correctly the children who were in need of project services. It also served as a first step in defining the child's strengths and weaknesses and in indicating areas in which program and additional services had to be provided for each child. It should be noted that some children were referred for more than one type of assessment so that total allocations are greater than the total number of children referred.

TABLE 5

Allocations for Initial Assessment of Children Referred for Project Interventions

		Allocated for Initial Assessment to:				
School	Total Referred for Project Services	Teaching Team	Health	Speech & Hearing	Psychologist	Case Coordinator
Connecticut Park	78	78	29	22	23	3
Lone Oak	127	96	22	41	0*	3
Rosemary Hills	330	179	287	233	30	6
Twinbrook	799	342	645	427	27	16
Totals	1,334**	695	983***	723	80	28

*Project teachers assessed the learning performance of each child referred for social-emotional adjustment problems as a first step before referral to the psychologist.

**A high percentage of referrals resulted from screening because of the decision to further assess children who gave indication that a problem or a potential problem existed in any of the screened areas: health, social-emotional adjustment, achievement, speech and language development, and gross or fine motor coordination. They were further assessed if the record showed that health data was incomplete or lacking.

***Many children were referred for more than one project service.

Thus, a referral did not infer the existence of an academic problem, or an academic problem alone. For example, it can be seen from Table 5 that of 666 children screened in Grades 1-4, in one school, 515 needed further investigation of health areas. Similarly, the high incidence of referrals for problems in speech and language resulted from the decision to explore the hypothesis that there was a relationship between problems in language development and learning disabilities; therefore, there was a need to assess more definitively all children whose performance gave indication of problems in auditory memory, centering of attention on auditory tasks, or processing of language.

Modification of Screening Procedures for Second Phase of Project

As stated in the original proposal, an objective of the project is to demonstrate feasible screening procedures which can be applied in all elementary schools at the termination of the project. For this reason, evaluation of screening instruments was begun in July in order to revise and refine the screening protocols. Data relating to evaulation of the May, 1968, screening which is described in the following section was taken into account. In developing modified screening procedures, expert opinion was sought through correspondence or through direct consultation. A list of these contacts is included in Appendix B.

Screening K-4

In evaluating the May, 1968, screening, it became abundantly clear that in order to develop a feasible screening package to be diffused throughout the school system, future screening would have to be considerably shortened without sacrificing comprehensiveness. With the assistance of a screening consultant, Dr. David Sabatino, Special Education Department, Catholic Unviersity, a rationale which places primary emphasis on the teacher for the identification of children needing project services was developed for Grades K-4. For these grades, a teacher checklist is being prepared and will form the main technique for screening. The checklist will ask each classroom teacher to obtain background information (record of previous absences, grades, referrals for extra-classroom help) on each of his students and to indicate which students have moderate to severe problems in one or more of the following areas: academic performance, language, social-emotional adjustment, or health (including hearing and vision).

Plans for validating the teacher checklist are being formulated. One method of validation will consist of comparing checklist data with data obtained from the project baseline testing. (See discussion under Objective G.) Other methods of validating the teacher checklist are being formulated.

Health screening will constitute another aspect of the screening. Revision of the Health Data Summary Sheet developed in the spring of 1968 for screening has been almost completed by project health personnel working closely with the School Health Services of the Department of Health. Specific details concerning modified speech screening are not conclusive at this writing. However, on the basis of findings discussed in the section on analyses of the speech screening, it is likely that the Digit Memory Subtest of the Illinois Test of Psycholinguistics will not be utilized in subsequent speech screenings. The data showed that this instrument tested substantially the same areas as the Sentence Repetition Subtest of the Wechsler Primary Scale of Intelligence, but it did not yield the information about language development and function that the latter test provided.

Pre-Kindergarten Screening

A modified preschool screening protocol is also in process. As before, the Kindergarten Roundup will serve as the vehicle for preschool screening. Health Department personnel will collect health information and perform audiometric, otoscopic, and vision testing. Speech therapists will screen for serious speech or language problems. In a second stage screening to take place six weeks after the children enter Kindergarten in the fall of 1969, it is planned to have Kindergarten teachers screen for indications of perceptual problems and utilize a test of basic information.

EVALUATION OF SCREENING DATA

PURPOSE

The prime objective in the evaluation of the screening data was to develop an interim basis for selective reduction of the amount of data to be collected in subsequent screening activities.

PROCEDURES AND RESULTS

The principal part of the evaluation of the screening data was based on four measures of educational performance which were collected as part of the screening data: reading, arithmetic, sentences, and digits. The instruments and procedures employed in screening are shown in Appendix B. Much of the balance of the usable screening data consisted of teacher judgments or ratings. The relationships between teacher judgments and the measures of performance were examined, and the interrelationships between the many judgments or rating items also were examined. Correlational and factor analyses were performed where appropriate. An unscheduled analysis of the effect of demographic variables upon achievement was performed after preliminary examination of the data for one school indicated that it might provide useful information.

Survey Analyses

A general program was prepared to obtain frequency, percentage, cumulative percentage, mean, standard deviation, and skewness for each data element or set in the screening data. The analyses were performed for each grade separately for boys and girls combined.

This "first look" provided a great deal of enumeration and descriptive data. It was also a most useful reference for identifying errors in scoring or keypunching and for making decisions concerning the appropriateness of various data analysis options. The nature of much of the data precluded the use of a number of traditional approaches to analysis.

Mean Scores for Standardized Tests

Means and standard deviations for the reading and arithmetic tests in the two FOCUS screening schools combined are shown in Table 6 in terms of national stanines and grade equivalents. The data indicate that in reading the mean stanine score for all grades, excepting Grade 1, falls approximately in the 40th to 60th percentile range in terms of the norming groups at the end of the school year for the tests used. The mean reading stanine for Grade 1 falls in the upper part of the 23rd to 40th percentile. Mean stanines for arithmetic placed all grades above the 50th but below the 77th percentile.

These data indicate that the representative pupil in the FOCUS screening schools was achieving at what is generally considered the average level in terms of national stanine norms. The standard deviations (measures of spread of scores) indicate that the range of reading scores tended to be somewhat larger than normal while the range of arithmetic scores tended to be normal or somewhat less than normal. The data indicate that the pupils in the FOCUS screening schools tended to be more homogeneous in terms of their arithmetic performance than in reading performance.

The grade scores provided a similar picture of average achievement. All grade equivalent mean scores were within two months of expected value excepting for the mean reading score for Grade 3 which was three months below the expected value. The standard deviations for reading grade equivalents tended to be larger in reading than in arithmetic. As with stanine scores, the standard deviations of the grade equivalent scores indicate that the range of reading ability was greater than the range of arithmetic ability within grades.

The standard deviations for stanine scores were nearly the same for Grades 1 to 3. The corresponding standard deviation for the corresponding grade equivalent scores tend to increase from Grades 1 to 3, however. This lack of agreement is no cause for alarm. The increase in range of grade scores in successive grades is probably a function of the nonmonotonic (nonconstant values assigned for each additional item correct) nature of grade scores and the increase in possible range of scores with the higher test levels. Thus, the increase in spread at grade equivalent scores should be viewed as a function of the nature of the scores for different tests of progressively increasing difficulty rather than as an indication that more students were either advanced or retarded in succeeding grades.

Preparation for Analysis

Binary Data Conversion

There were three basic types of screening data:

> Dichotomous or binary. These data indicated the presence or absence of specified behaviors or conditions and were obtained for health records health observations.

TABLE 6

National Stanine and Grade Equivalent Mean Scores and Standard Deviations for Reading and Arithmetic Tests Given in FOCUS Screening Schools in May, 1968

Grade	N	Test	Form	READING				ARITHMETIC			
				Stanine		G.E.		Stanine		G.E.	
				$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.	$\bar{X}$	S.D.
K	261	Met. Rdns.[1]	A	4.3	2.3	-	-	-	-	-	-
1	233	SAT-I[2]	W	3.7	2.4	1.7	0.6	5.6	1.9	2.1	0.5
2	225	SAT-II[2]	W	4.7	2.3	2.9	1.0	5.1	1.8	2.9	0.6
3	255	ITBS[3]	3	4.8	2.2	3.6	1.4	4.9	2.1	3.7	1.0

[1] Metropolitan Readiness Test

[2] Stanford Achievement Test

[3] Iowa Test of Basic Skills

Continuous (judgmental). These data were obtained from rating type instruments which indicated the degree to which specified behaviors or conditions were evident to the rater. These data were obtained for the Classroom Behavior Inventory and the Teacher Checklist.

Continuous (performance). These data were obtained from instruments in which a test score or scores were assigned according to a set of rules and were obtained for drawing, reading, arithmetic, gross motor skills, memory for sentences, and memory for digit tests.

The number of categories and sub-categories of information pertaining to each child was clearly too large to lend itself to meaningful analysis without some sort of reduction. To achieve data reduction, the screening instruments were examined item by item; and a rule was formulated for classifying the information as indicating the presence or absence of a problem. As an illustration, if a speech therapist had noted that a child made substitutions for some speech sounds, the child was classified as having an articulation problem. Where a respondent could not make a clear judgment and indicated that he was not sure, the child was classified as not having a problem with regard to the behavior or condition being noted.

The score distributions for all performance tests were examined and cut-off scores selected to divide the populations into problem and no problem categories. The goal in this operation was to identify arbitrarily the lower third of the pupils as having problems in order to determine what behaviors or conditions were associated with educational disabilities.

Data Excluded from Binary Conversion

The Classroom Behavior Inventory K-3 was excluded from the dichotomization procedure because there was no rational or empirical basis for indicating that the behavior noted could be defined as a problem in the classroom setting. The procedures and results for analyzing the inventory are described in the next section. The Gross Motor Abilities Tests also were excluded from binary data reduction due to three basic data defects: inconsistent administration of the test procedures by some examiners, administration of the same grade level tests to children working at various grade levels in ungraded classes, and a strong tendency for scores to be closely bunched.

The Incidence of Problems

The percentage of problems (any behavior or condition which may impair educational achievement) indicated by the speech screening form (F02), the Teacher Checklist (F08), and the Health Observation Form (F12) are shown in Tables 7-9 for boys and girls separately and combined in each grade. There is a general tendency for the percentage of speech problems to decrease with grade. The reverse condition is seen with the behavior items in the Teacher Checklist. The percentages of problems identified by the Teacher Health Observation Form tends to be low by comparison with the Teacher Checklist. This might be accounted for by the fact that the items tend to refer to a greater variety of behavior in more specific terms.

While there are some exceptions, the percentage of boys identified as having problems is generally higher and sometimes markedly higher than the percentage of girls identified as having problems.

TABLE 7

Percentages of Problems Identified in FOCUS Speech
Screening in Grades Pre-K Through Three

		Pre-K			K			1			2			3		
		B	G	B&G	B	G	B&G	B	G	B&G	B	G	B&G	B	G	B&G
	N	123	91	214	160	140	300	133	125	258	115	110	225	139	116	225
Intelligibility	% Prob	61.0	43.0	53.0	46.0	40.0	43.0	46.0	30.0	38.0	31.0	15.0	23.0	27.0	15.0	21.0
Articulation	% Prob	41.0	28.0	35.0	42.0	34.0	38.0	39.0	30.0	34.0	32.0	21.0	27.0	30.0	19.0	25.0
Pitch	% Prob	3.2	6.6	4.7	2.5	2.1	2.3	0.7	2.4	1.5	3.5	0.9	2.2	4.3	0.9	2.7
Voice Quality	% Prob	18.0	20.0	19.0	26.0	13.0	20.0	19.0	18.0	19.0	20.0	17.0	19.0	28.0	20.0	24.0
Intensity	% Prob	12.0	13.0	12.0	10.0	6.4	8.3	4.5	13.0	8.5	3.5	9.0	6.2	7.2	6.9	7.1
Rate	% Prob	4.9	1.1	3.3	3.1	2.1	2.7	2.3	4.8	3.5	1.7	0.9	1.3	5.0	0.0	2.7
Rhythm	% Prob	9.8	5.5	7.9	8.7	2.1	5.7	2.3	2.4	2.3	7.0	3.6	5.3	9.3	3.4	6.7
Oral Mechanics	% Prob	7.3	6.6	7.0	21.0	23.0	22.0	30.0	38.0	34.0	28.0	28.0	28.0	20.0	16.0	18.0
Hearing	% Prob	18.0	16.0	17.0	16.0	17.0	17.0	14.0	17.0	15.0	14.0	8.2	11.0	23.0	15.0	20.0
Language Development	% Prob	20.0	17.0	19.0	24.0	11.0	18.0	15.0	10.0	13.0	7.0	4.5	5.8	8.6	6.9	7.8

TABLE 8

Percentage of Problems Identified in FOCUS Screening with the Teacher Checklist

		Pre-K	K			1			2			3		
			B 160	G 140	B&G 300	B 133	G 125	B&G 258	B 115	G 110	B&G 225	B 139	G 116	B&G 255
Listening Comprehension	% Prob		14.3	10.7	12.7	29.3	21.6	25.6	36.5	25.5	31.1	40.3	31.0	36.1
Poor Memory	% Prob		11.2	9.3	10.3	24.1	15.2	19.8	27.8	11.8	20.0	24.5	16.4	20.9
Work Habits	% Prob		18.8	9.3	14.3	43.6	19.2	31.8	47.8	30.0	39.1	46.0	25.9	36.9
Abstract Reasoning	% Prob		14.4	10.0	12.3	28.6	23.2	26.0	34.8	22.7	28.9	37.4	31.9	34.9
Attention Span	% Prob		23.1	15.7	19.7	37.6	14.4	26.4	45.2	22.7	34.2	40.3	21.6	31.8
Following Directions	% Prob		17.5	12.1	15.0	29.3	17.6	23.6	45.2	24.6	35.1	45.3	29.3	38.0
Lack of Alertness	% Prob		11.3	10.0	10.7	21.0	16.0	18.6	30.4	12.7	21.8	24.5	17.2	21.2
Restlessness	% Prob		23.8	15.0	19.7	33.8	16.0	24.8	42.6	19.1	31.1	30.2	18.1	24.7
Program Too Difficult	% Prob		4.4	3.6	4.0	28.6	14.4	21.7	24.4	10.9	17.8	27.3	15.5	22.0
Arithmetic Reasoning	% Prob		---	---	---	30.1	32.8	31.4	40.0	31.8	36.0	41.7	37.1	39.6
Arithmetic Computation	% Prob		---	---	---	29.3	29.6	29.5	36.5	26.4	31.6	36.7	29.3	33.3
Reading Comprehension	% Prob		---	---	---	29.3	26.4	27.9	33.0	13.6	23.6	41.0	21.6	32.2
Reading Rate	% Prob		---	---	---	33.1	28.8	31.0	41.7	20.9	31.6	38.9	25.9	32.9
Spelling	% Prob		---	---	---	33.1	25.6	29.5	34.8	10.0	22.7	39.6	23.3	32.2
Written Expression	% Prob		---	---	---	35.3	27.2	31.4	40.9	20.0	30.7	43.9	25.0	35.3

TABLE 9

Percentages of General Health and Appearance Problems Identified In FOCUS Screening with the Teacher Health Observation Form

		Pre-K			K			1			2			3		
		B	G	B&G	B	G	B&G	B	G	B&G	B	G	B&G	B	G	B&G
	N	123	91	214	160	140	300	133	125	258	115	110	225	139	116	225
Tired	% Prob	0.0	3.3	2.3	7.5	18.0	13.0	7.5	5.6	6.6	12.0	9.0	11.0	6.5	7.8	7.1
Health Room Visits	% Prob	0.0	0.0	0.0	0.6	0.7	0.7	3.0	0.8	1.9	0.9	0.9	0.9	2.3	0.9	1.6
Frequent Illnesses	% Prob	0.0	0.0	0.0	6.9	8.6	7.7	6.8	4.0	5.4	6.1	9.1	7.6	3.6	8.6	5.9
Excessive Absences	% Prob	0.0	0.0	0.0	4.4	7.9	6.0	4.5	5.6	5.0	8.7	7.3	8.0	5.0	9.5	7.1
Fine Motor	% Prob	0.0	0.0	0.0	19.0	9.3	15.0	28.0	12.0	20.0	27.0	7.3	17.0	23.0	8.6	16.0
Tension	% Prob	0.0	0.0	0.0	10.0	11.0	10.0	16.0	11.0	14.0	14.0	2.7	8.4	20.0	10.0	16.0
Bowel/Bladder	% Prob	0.0	0.0	0.0	1.2	5.7	3.3	4.5	0.0	2.7	6.1	2.7	4.4	11.0	3.4	7.8
Weight	% Prob	0.0	0.0	0.0	5.6	4.3	5.0	8.3	8.0	8.1	6.1	4.5	5.3	12.0	13.0	12.0
Posture/Gait	% Prob	0.0	0.0	0.0	4.4	4.3	4.3	4.5	4.8	4.6	13.0	1.8	7.6	8.6	6.0	7.4
Other	% Prob	0.0	0.0	0.0	2.5	4.3	3.3	8.3	11.0	9.7	8.7	3.6	6.2	6.5	3.4	5.1

TABLE 9 cont.

Percentages of Vision Problems Identified in FOCUS Screening with the Teacher Health Observation Form

		Pre-K			K			1			2			3		
	N	B 123	G 91	B&G 214	B 160	G 140	B&G 300	B 133	G 125	B&G 258	B 115	G 110	B&G 225	B 139	G 116	B&G 225
Eyes In Or Out	% Prob	0.0	0.0	0.0	1.3	3.6	2.3	3.8	1.6	2.7	0.0	0.0	0.0	2.9	2.6	2.7
Inflammed Eyes	% Prob	0.0	0.0	0.0	0.0	0.0	0.0	4.5	0.0	2.7	2.6	0.9	1.8	6.5	5.2	5.9
Headache Following Closework	% Prob	0.0	0.0	0.0	0.0	2.9	1.7	0.0	1.6	0.0	0.0	0.9	0.4	5.0	4.3	4.7
Rubs Eyes	% Prob	0.0	0.0	0.0	3.7	5.0	4.3	0.0	0.0	0.0	5.2	2.7	4.0	3.6	5.2	4.3
Frequently Squints	% Prob	0.0	0.0	0.0	5.0	2.1	3.7	8.3	2.4	3.7	6.1	2.7	4.4	6.5	5.2	5.9
Difficulty Reading and Copying	% Prob	0.0	0.0	0.0	0.0	2.1	1.3	19.0	5.6	13.0	13.0	10.0	11.0	15.0	7.8	12.0
Avoids Reading and Copying	% Prob	0.0	0.0	0.0	1.9	2.9	2.3	20.0	4.8	13.0	10.0	4.5	7.6	8.0	5.2	6.7
Awkward in Sports	% Prob	0.0	0.0	0.0	15.0	14.0	15.0	11.0	3.2	7.4	6.1	1.8	4.0	8.6	13.0	10.0
Poor Writing	% Prob	0.0	0.0	0.0	9.4	7.1	8.3	24.0	9.6	17.0	16.0	4.5	10.0	20.0	9.5	15.0
Fatigues Rapidly at Near Work	% Prob	0.0	0.0	0.0	5.6	5.0	5.3	11.0	4.8	8.2	6.1	0.9	3.6	8.0	6.9	7.4
Other	% Prob	0.0	0.0	0.0	3.7	2.9	3.3	7.5	1.6	4.6	3.5	0.0	1.8	3.6	1.7	2.7

TABLE 9 cont.

Percentages of Speech, Language, and Hearing Problems Identified
In FOCUS Screening with the Teacher Health Observation Form

		Pre-K			K			1			2			3		
		B	G	B&G	B	G	B&G	B	G	B&G	B	G	B&G	B	G	B&G
	N	123	91	214	160	140	300	133	125	258	115	110	225	139	116	255
Does Not Follow Directions	% Prob	0.0	0.0	0.0	14.0	13.0	14.0	22.0	8.8	16.0	18.0	14.0	16.0	27.0	13.0	21.0
Often Asks "Huh"	% Prob	0.0	0.0	0.0	16.0	18.0	17.0	16.0	8.8	12.0	16.0	11.0	14.0	28.0	11.0	20.0
Watches "Speaker's" Face	% Prob	0.0	0.0	0.0	12.0	10.0	11.0	3.7	3.2	3.5	2.6	9.1	5.8	7.1	3.4	5.5
Follows Verbal Directions	% Prob	0.0	0.0	0.0	12.0	9.3	11.0	2.3	2.4	2.3	0.9	0.0	0.4	2.2	2.6	2.3
Listening To a Story	% Prob	0.0	0.0	0.0	17.0	13.0	15.0	17.0	4.8	11.0	19.0	5.4	12.0	15.0	8.6	12.0
Inattentive Listener	% Prob	0.0	0.0	0.0	12.0	15.0	14.0	21.0	7.2	14.0	26.0	11.0	19.0	13.0	6.9	10.0
Poor Intelligibility	% Prob	0.0	0.0	0.0	8.7	7.1	8.0	7.5	5.6	6.6	4.3	5.4	4.9	9.3	7.8	8.6
Nonfluent	% Prob	0.0	0.0	0.0	10.0	7.1	8.7	13.0	5.6	9.3	12.0	7.3	9.8	21.0	12.1	17.0
Poor Vocabulary	% Prob	0.0	0.0	0.0	5.6	5.0	5.3	10.0	4.0	7.4	4.3	2.7	3.6	8.6	6.0	7.4
Not Able To Retell What The Teacher Said	% Prob	0.0	0.0	0.0	6.9	11.0	9.0	13.0	5.6	9.7	10.0	0.9	5.8	16.0	5.2	11.0
Expressive	% Prob	0.0	0.0	0.0	11.0	11.0	11.0	19.0	8.8	14.0	19.0	6.4	13.0	22.0	11.0	17.0
Grammar	% Prob	0.0	0.0	0.0	2.5	3.6	3.0	9.0	2.4	5.8	2.6	0.0	1.3	5.8	0.9	3.5
Voice Quality	% Prob	0.0	0.0	0.0	9.4	12.0	11.0	6.8	10.0	8.5	10.0	8.2	9.3	9.3	9.5	9.4

Analyses of Simple, Joint, and Conditional Probabilities

The binary data were subjected to a grade-by-grade analysis which yielded the following probability estimates:

1. The simple probability that a pupil would be classified as a problem in terms of the prescribed definitions. P(Prob)

2. The joint probability that a pupil would be classified as having each of all possible pairs of problems in the columns and rows of the data matrix. P/Prob(CR)/

3. The conditional probability that a pupil would be classified as having a problem given that he has been classified as having a problem by each of the other variables in turn. P/Prob(CR)/R/

The probability analyses yielded many thousands of comparisons and constitute a data bank too large to include in a report. The data were selectively tabulated in order to meet the prime objective of the evaluation. Reading and arithmetic were established as primary criteria of educational performance, and the probabilities associated with these criterion measures were tabulated. The analysis was performed for boys and girls combined because the numbers of pupils involved in joint and conditional probability analyses was quite small in many cases.

Co-occurrence of Problems with Reading and Arithmetic as Criteria

Tabulations of the simple probability of occurrence of problems and the joint and conditional probabilities of co-occurrences of each problem with Reading/Arithmetic problems (F15, F19) for Sentences and Digits (F01), Speech Screening (F02), Teachers Checklist (F08), and Teachers Health Observation Form (F12) for Grades K-3 were not completed at the time of writing.

The results of the combined probability analyses are summarized separately for each screening instrument in Table 10. The probability values are the probabilities that pupils would be identified as having reading or arithmetic problems given the condition that they have been identified as having a problem or problems in other areas covered by the screening instruments. The summary data are obtained from a matrix of approximately 40,000 probability values based on a total of approximately 60 binary problem items per grade. The data are based largely on judgments by approximately four kindergarten teachers and eight regular grade teachers per primary grade. Speech screening data are based on speech therapists' judgments. No data are shown for pre-kindergarten pupils since there were no criterion performance measures available.

That data indicate that the chances were approximately one in two that in K-3 pupils with a sentences problem also would have a reading problem. For pupils with arithmetic problems, the conditional probabilities for problems in other areas range from one in three (.35) in Grade 1 to one in two (.52) in Grade 3. Performance on Digit Repetition (Auditory-Vocal Sequencing) yielded parallel values. Extreme differences occurred. For example, the probability that a speech rate problem was associated

TABLE 10

Range of Probabilities of Occurrence of Problems in Reading and Arithmetic, Given That Problems Were Noted For Any Item In Eight Screening Instruments*

Screening Form	Range (K-3) P[Prob. Reading/R]	Trend by Grade	Range (1-3) P[Prob. Arith/R]	Trend by Grade
F01 Sentences	.45(1) to .50(k)	Uniform	.35(1) to .52(3)	Increasing
F01 Digits	.39(3) to .45(k)	Uniform	.35(1) to .45(3)	Increasing
F02 Speech Screening	.17(2) to .75(1) Rhythm Pitch	Variable	.00(1,2) to .80(3) Rate Rate	Variable
F08 Teacher Checklist	.09(k) to .72(3) Program Rdg. rate	Increasing	.30(1) to .73(3) Alert. Rdg. rate	Increasing
F09 Draw-A-Man	.31(1) to .50(3)	Similar K & 3 Increasing 1-3	.27(1) to .48(3)	Increasing
F10 Health Data	.10(3) to .62(k) Weight Vision	Variable	.15(2) to .52(3) Vision Height	Increasing
F12 Tchr Hlth Obsn	.00 to 1.00(2) 4 Items Grammar	Variable	.00 to .89(3) 4 Items Vocab.	Variable

* Excluding Gross Motor Tests and The Classroom Behavior Inventory

with the occurrence of an arithmetic problem was .00 for Grades 1 and 2 and .80 for Grade 3. These widely discrepant values are based on extremely small numbers. Six of 240 pupils in Grade 1 were identified as having a speech rate problem. None of the six had an arithmetic problem, yielding a conditional probability of .00. Five of 246 pupils in Grade 3 were identified as having speech rate problem. Four of these pupils were also identified as having an arithmetic problem, yielding a conditional probability of .80.

Conditional probabilities for reading and arithmetic problems, given that a child has either sentences or digit problems, were of the order of .50 (one in two). For speech problems, most values ranged between .30 and .40. Conditional probabilities for the Teacher Checklist (Form F08) tended to be higher, with half of the values ranging between .40 and .60. For the particular scoring system used for the Draw-A-Man test (total number of emotional indicators) the conditional probabilities ranged from .30 to .50. Teacher Health Observation Form (F12) conditional probabilities ranged from .00 for four items to 1.00.

The probability of occurrence of a reading or arithmetic problem were of the order of .30. It is clear that most of the conditional probabilities are in excess of that value. That is, an impressive number of conditional probabilities which associate other problems with problems in reading and arithmetic exceed the simple probability of occurrence of reading and arithmetic problems. This condition indicates that "there is something there." This is the place where the probability of occurrence of a reading or arithmetic problem, given the occurrence of another kind of problem, is higher among the particular groups with the other problem than in the general population. To give an example, 15 of 240 (p .06) Grade 1 pupils were identified by their teachers as "tired." Eight of the 15 (p .53) also had a reading problem. If there were no contingent relationship, one would expect only 4 or 5 (.30 x 15) of the 15 "tired" pupils to have a reading problem. There were eight instead of four or five.

Some of the extremely high conditional probability values occurred in the case where a high proportion of a small number of pupils with other problems also had achievement problems. To illustrate, using the extreme case, pupils in Grade 3 with a speech rate problem yielded a conditional probability of .80 that they had an associated arithmetic problem and a probability of .60 that they had an associated reading problem. The data are based on only five students, however.

In the instance cited above, a larger number of pupils with speech rate and other problems yielding similar probability values would have to be seen before the reliability of the relationship could be determined. This consideration applies to interpretation of much of the data.

Analyses of Intercorrelations

Pearson product-moment correlations were computed where appropriate to provide information concerning the degree of relationship between a number of measures. These analyses represent another approach to obtaining information which may be of use in the design of future screening and evaluation procedures.

The Correlation Between Reading and Arithmetic Test Scores

The correlations between reading and arithmetic test scores for Grades 1, 2, and 3 are shown in Table 11. The correlations are all in the moderate range. They indicate that while reading and arithmetic scores tend to be related, they are not so strongly related that to measure one skill is to measure the other. At the Grade 3 level, the correlation between reading and arithmetic (.72) borders on what is generally considered a strong relationship. At this grade level, reading skills are required in order to understand the problem. In addition, the longer Grade 3 tests increase the precision of each score. This tends to provide a more accurate measure of the interrelationships. Subsequent evaluation plans will incorporate means to enhance the precision of measurement of reading and arithmetic in lower grades.

Correlation Between Sentences and Digit Repetition Scores

The correlations between sentences and digit repetition scores are shown for Grades pre-K through 3 in Table 12. All values are approximately the same. Again, the correlations are moderate and do not provide a clear basis for dropping one of the tests from screening.

Correlation Between Sentences and Auditory-Vocal Sequencing (Digits) and Achievement Scores

The correlations between sentences and digit repetition scores with the reading and achievement tests for Grades K-3 are shown in Table 13. Values range from low to moderate. Sentences scores are more highly correlated with reading and arithmetic scores than are the corresponding digit repetition scores. The analyses indicate that sentences scores provide more information than digit repetition scores concerning concurrent reading and arithmetic achievement. No consistent trend is evident between the relation for reading and arithmetic.

Correlation Between Age-Within-Grade for Four Tests

The correlations between age-within-grade and Sentences, Auditory-Vocal Sequencing, Reading, and Arithmetic are shown in Table 13. The effects of age-within-grade are negligible for Grade 3 and are low but significant in pre-Kindergarten and Kindergarten. The highest correlation (.37) occurred between age and total score on the Metropolitan Readiness Test.

The low-to-moderate relationship indicates that there was a trend for younger pupils to do less well than older pupils on the readiness test. The effect of age tends to "wash-out" in higher grades.

Correlations Between Gross Motor Abilities Tests and Four Other Tests

Correlations between the total scores for the Gross Motor Abilities Tests are shown in Table 14. The analysis was performed to explore the correlations despite some inconsistencies in data collection procedures. While a number of the values achieve statistical significance in Pre-K to Grade 2, the magnitude of the values is too low to provide useful predictive information.

TABLE 11

Correlations Between Reading and Arithmetic Subtests
Given at the End of Grades One, Two and Three

Grade	Test	Reading Subtest	Arithmetic Subtest	r
1	SAT-I-W[1]	Paragraph Meaning	Arithmetic	.58*
2	SAT-II-W[1]	Paragraph Meaning	Computation	.47*
3	ITBS-3[2]	Reading	Concepts	.72*
			Problem Solving	.72*

*Significant at the .01 level

[1] Stanford Achievement Test

[2] Iowa Test of Basic Skills

TABLE 12

Correlation Between Sentences & Digit Repetition Raw Scores Pre-Kindergarten through Grade 3

Grade	r	N
Pre-K	.65*	204
K	.62*	269
1	.62*	231
2	.53*	219
3	.57*	238

*Significant at the .01 level

TABLE 13

Correlation Between Sentences and Auditory-Vocal Sequencing Subtest Scores with Reading and Arithmetic Scores K Through Grade 3

		Sentences				Auditory-Vocal Sequencing			
		Reading		Arithmetic		Reading		Arithmetic	
Grade	Test	N	r	N	r	N	r	N	r
K	Met. Readiness[1]	256	.59**	-	-	249	.37**	-	-
1	SAT-1[2]	228	.33**	234	.42**	228	.24**	228	.39*
2	SAT-II[2]	218	.39**	219	.27**	218	.30**	219	.19
3	ITBS-3[3]	239	.49**	239	.50**[4] .44**[5]	237	.33**	237	.34**[4] .28**[5]

[1] Metropolitan Readiness Test

[2] Stanford Achievement Test

[3] Iowa Test of Basic Skills

[4] Arithmetic Concepts

[5] Arithmetic Problem Solving

*Significant at the .05 level

**Significant at the .01 level

TABLE 14

Correlations Between FOCUS Gross Motor Abilities Tests and Other FOCUS Screening Tests[1]

Grade	Sentences	Test A-V Seq.	Reading	Arithmetic
Pre-K	.27**	.32**	-	-
K	.28**	.16*	.33**	-
1	.14*	.16*	.01	.20**
2	.08	.15*	.15*	.22**
3	.06	-.01	.04	.06

[1] N varies, but exceeds 200 in all cases

*Significant at .05 level

**Significant at .01 level

Factor Analyses of the Classroom Behavior Inventory

A factor analysis was run using squared multiple correlations as the communality estimates and covering the 25 items of the Classroom Behavior Inventory (F03). The Classroom Behavior Inventory was adapted from an experimental instrument developed by Dr. Earl S. Schaefer and Dr. May Aaronson of the National Institute of Mental Health. Analyses were performed separately for males (N=647) and for females (N=559) and for the total sample (N=1206). Subsidiary analyses were performed for each grade separately. Each of these provided a principal factor pattern which was then rotated to an orthogonal (Varimax criterion) and an oblique (Oblimin criterion) simple structure type of solution.

There was, in general, quite strong agreement in the factor pattern for males and females so that both solutions agreed quite well with the combined solution. The principal factor pattern for the combined solution demonstrates at least three common factors in the data. These factors accounted for 51 per cent of the total item variance. The magnitude of the unaccounted for variance suggests that some problem exists either with the instrument or its users. It probably represents considerable variation in the perception of the meanings or intents of some of the items. The Oblimin solution indicates a strong correlation between the first and third factors and should be used as the preferred solution. The results of the Oblimin solution are shown in Table 15.

The three factor patterns appear to be similar to the factors posited by Schaefer in his studies using items similar to those used in the development of this instrument. The first pattern appears to be what he called "Task Orientation." A child who scored high on this factor would appear to have a very positive task orientation. The pattern for the second factor is clearly related to Schaefer's "Introversion" scale. High scores would characterize a shy withdrawn child who likes to be by himself.

The pattern for the third factor might be related to what Schaefer called "Loveableness," but it might characterize a submissive child. High scores on this factor would characterize an easy-going, cooperative child.

The factors indentified are consistent over the grades studied, and they represent relatively stable and well defined variables that may be effectively utilized in the analysis of this project.

TABLE 15

Factor Patterns for the Oblimin Solution for
Items in the FOCUS Classroom Behavior Inventory

Factor	Loading	Item No.	Content*
I	.826	11	Pays attention to what he's doing when other things are going on around him.
	.800	5	Stays with a job until he finishes it.
	.790	23	Becomes very absorbed in what he is doing.
	-.784	8	Pays attention to what he's doing when other things are going on around him.
	-.773	20	Doesn't lose interest in what he starts.
	-.551	2	Can sit still.
	.519	25	Gets along reasonably well in all areas.
	.513	17	Will not give up if his first efforts fail.
	-.460	14	Doesn't move about the room a lot.
II	-.748	7	Doesn't try to be with another person or group of people.
	-.743	13	Doesn't like to take part in activities with others.
	-.731	19	Doesn't enjoy being with others.
	.706	16	Avoids social contact with others.
	.517	4	Likes to play by himself.
	.504	10	Speaks in a low or unsteady voice when with other children.
	-.448	1	Doesn't begin to talk about things when others come near him.
	-.424	3	Isn't helpful to others.
	.379	22	Is uneasy when observed by others.
III	-.766	12	Doesn't stay mad inside if he is corrected or can't get his own way.
	.728	15	Forgives others easily.
	-.709	24	Doesn't stay angry for a long time.
	-.686	6	Doesn't complain if he can't get his way.
	-.546	18	Doesn't get upset when teased.
	.531	9	Is considerate toward others.
	.496	21	Patiently awaits his turn.

*Item is worded negatively when sign of loading is negative to permit direct analysis of the sense of a given factor.

ASSESSMENT, INTERVENTION, AND FOLLOW-UP

OBJECTIVE C: To develop and utilize strategies for adequate assessment, intervention, and follow-up of children who have been identified as having problems related to learning.

This objective deals with the processes which follow in general sequence the process of screening discussed in Objective B. Assessment, intervention, and follow-up constitute major elements in the project in addition to screening. It should be noted that due to the limited time (approximately four months) that the teaching teams had been working in the project schools, a good deal of attention had to be devoted to the process of assessment. It can be anticipated that subsequent reports of the project will deal, in the main, with intervention and follow-up.

INITIAL ASSESSMENT BY THE TEACHING TEAMS

As a result of screening and referral procedures, numbers of children were identified who appeared to need the services that could be provided by project staff. In order to determine whether these referrals were valid, and to determine the degree and type of service to be given, it was necessary to assess each child so identified in terms of his specific needs. No uniform measure of assessment was contemplated for the teaching teams since the objective was to develop a body of sensitive assessment procedures, from which to select an inclusive assessment battery.

During July and August, in addition to gaining experience in the skills and techniques acquired in the 51-day Teacher Institute, each teaching team developed a set of procedures that were used to assess children at the start of the school year. The teaching teams were given the flexibility to design assessment procedures that would be unique to their particular school situations. The rationale for incorporating this degree of flexibility into the development of assessment procedures was based, first on the recognition that each FOCUS school was faced with somewhat unique conditions. Further, it was recongized that additional tryout and experimentation with assessment procedures developed by Project FOCUS were necessary if these procedures were to find eventual diffusion in the total school system.

The assessment effort by the teaching teams, eventually labeled initial assessment, was tentatively scheduled to be completed as far as original referrals were concerned by November 1, 1968. Essentially, it was possible to keep this commitment in three of the project schools; while in the fourth, due to numbers, additional assessment time was needed.

Although the specifics of initial assessment varied from school to school for the reasons cited above, basically the objectives of this phase of the project were similar in the four FOCUS schools. These were:

1. To sort and allocate further the children referred to the teaching team.
2. To determine areas of learning strengths and deficiencies of individual children.

3. To get an overall picture of the needs of the referral group
4. To identify priorities as to need for FOCUS services
5. To verify reasons for referral
6. To determine areas where additional FOCUS services need to be applied, i.e., psychological, medical, and speech
7. To obtain more specific information to be shared with the classroom teachers

ASSESSMENT PROCEDURES

As indicated above, the number of children to be assessed was different in each school. While for the most part similar formal and informal instruments were used in all schools, there were variations as to the total makeup of the assessment package. Factors considered in the selection of the instruments used included reasons for referral; availability of norms for formal instruments; useful information regarding strengths and weaknesses of child's sensory modalities--visual, auditory, and kinesthetic; amount of time needed for administration; the qualifications needed for administration and interpretation; and instruments which measured observable behavior rather than evaluative judgments.

Included in the instruments used were:

1. The S.R.A. Primary Mental Abilities Test, selected because of the profile available from the five subtests indicating strengths and weaknesses
2. The Wepman Auditory Discrimination Test
3. The FOCUS Speech Screening Tests
4. Various subtests of the ITPA
5. The WIPPSI Sentences Subtest
6. Selected tasks from Lincoln Oseretsky (scoring was adapted)
7. The Peabody Picture Vocabulary Test
8. KELP Materials
9. The Ilg and Ames Visual Memory Forms
10. The Knox Cube for Visual Sequence
11. Draw-A-Man
12. Three Wishes
13. Montgomery County Mathematics Test, Primary II, Elementary
14. Wide Range Achievement Test (Reading, Spelling, Arithmetic, K-College)

As is indicated by the diversity of the instruments used, all of the FOCUS teams conducted assessment activities in the five areas of motor, perceptual, language, conceptual, and social-emotional performance.

UTILIZATION OF TEACHING TEAM PERSONNEL IN THE ASSESSMENT PROCESS

Utilization of the members of the teaching teams in the assessment process also varied somewhat in the four schools. In some cases, particular team members administered specific aspects of the assessment process. In other cases, all team members worked with all phases of assessment. In all schools, the relief teacher was used in order to allow the involvement of the classroom teacher. Involvement of the classroom teacher in assessment took many forms including the opportunity to observe and assist in assessment activities, conferring with FOCUS teachers and FOCUS resource staff, and conferring with parents of children assessed by the FOCUS team.

The further assessment of those children referred by teachers or identified through screening procedures was a prerequisite step to eventual intervention activities. The process of initial assessment resulted in several worthwhile contributions to the work of the teaching teams. It enabled the FOCUS teachers to gain extensive knowledge about individual children. It provided a base upon which to organize for intervention.

Initial assessment provided a medium for the development of working relationships between the FOCUS team and classroom teachers. It provided the team with a great deal of experience in the use of a wide range of diagnostic instruments. As a result of initial assessment, the teaching team was able to make contacts with parents of children referred for FOCUS services. Finally, initial assessment provided data which determined the validity of the referrals of children for project intervention.

It seems clear that there is a need to develop assessment procedures that are less time-consuming than those administered in the first stage of the project. During the second stage, a more standard and compact set of assessment procedures will be developed by the instructional staff. These procedures will receive additional refinement as they are tried out with new referrals.

Table 16 describes the teaching team allocations of children identified for FOCUS assessment and intervention.

The following table summarizes the scope of the process of initial assessment and intervention as conducted in the four Project FOCUS schools:

Table 16

Children Referred to Project FOCUS Teachers for Initial Assessment and Intervention, Grades K - 4

December 31, 1968

School	Number Allocated to FOCUS Teaching Team	Number receiving initial assessment	Number receiving educational intervention			Number to be scheduled for intervention
			In the FOCUS classroom	In regular classroom (with consultation or follow-up)	Total intervention	
Connecticut Park	78	70	49	14	63	4
Lone Oak	96	92	51	24	75	15
Rosemary Hills	179	163	27	56	83	65
Twinbrook	342	288	19	72	91	153
Totals	695	*613	146	166	**312	237

*A total of 82 children moved out of the four project schools before initial assessment was completed.

**Difference between number assessed and total number of children receiving intervention due to:

a. A number (237) of children waiting for intervention
b. Withdrawals between assessment and intervention
c. A number of children on the basis of assessment were determined not to be in need of FOCUS instructional interventions.

ASSESSMENT EFFORTS OF RESOURCE STAFF

In addition to identifying numbers of children with demonstrated deficits in learning, screening procedures delineated existing or potential difficulties in other areas. Screening tests and checklists appeared to indicate that numbers of children had problems in social/emotional adjustment areas that might be of sufficient magnitude to interfere with learning or to at least affect a child's comfort in his world. Problems in vision or hearing, grossly poor coordination, nutrition deficiencies and other health concerns were also revealed by the screening. Delays and deficiencies in the development of language, poor auditory discrimination, and apparent inability to comprehend and follow oral directions pointed to the possible effect on many children's ability to learn through the common channels in the classroom. Assessments of these and similar problems come within the purview of the child development team.

Initial assessment by members of the child development team was performed concurrently with educational assessment by the teaching team. In some cases children were referred for assessment by health, psychological, or speech personnel only. In other cases, the referrals were made to both teaching team and child development team personnel. These assessments provided the basis for more definitive evaluation or follow-up; added additional information to the diagnostic picture; gave resource staff an opportunity to observe children in the regular classroom setting; and provided consultation to regular classroom teachers and to principals, as well as to project teachers. Speech therapists and others who might at some stage be working with the children as part of the regularly assigned school resources were also informed of the recommendations resulting from these assessments.

A composite recording sheet (Appendix B) was devised to record the assessments of the child development team. This record was incorporated in the folder kept by the diagnostic/prescriptive team to facilitate coordination by the diagnostic teacher of all assessment activities and needed follow-up.

Table 17 shows a breakdown by type of problem of the children referred to the child development team for initial assessment in September and October, 1968.

TABLE 17

Allocations for Initial Assessment of Children Referred to the Child Development Team

School	Total Referred for Project Services	Allocated for Initial Assessment to: Health Team	Speech & Hearing	Psychologist	Case Coordinator
Connecticut Park	78	29	22	23	3
Lone Oak	127	22	41	0*	3
Rosemary Hills	330	287	233	30	6
Twinbrook	799	645	427	27	16
Totals	1334	983	723	80	28

*In one school where identification of project population was made by teacher referral, a variant was assessment by the teaching team of all children referred for social/emotional adjustment problems as a first step, following which referral was made to the psychologist.

The following section describes the assessment activities of the child development team staff members.

MEDICAL ASSESSMENT AND FOLLOW-UP

Assessment, intervention, and follow-up of children who were identified as having medical problems was attempted in various ways. The FOCUS RN's completed the first-stage follow-up by obtaining the health inventory forms for all students according to the schedule recommended by School Health. They also completed vision and hearing tests on all children referred for retesting where results were equivocal or where the children had missed the original screening. Tabulation of this information is in process.

The FOCUS PHN obtained comprehensive nursing evaluations on four children and submitted written reports of these evaluations for inclusion in the child's cumulative folder. These evaluations increased the school's understanding of the child's home and family and served to initiate a medical evaluation by the school medical advisor. While the FOCUS PHN obtained these evaluations, the regular area PHN was brought in to integrate area health services with project health activities.

As health assessment proceeded, it became evident that much information of a helpful nature was available from other agencies. Home visits were made by the FOCUS public health nurse in order to obtain parental permission for the release of this information so that it could be made available to teaching and resource team personnel. In addition, the public health nurse reviewed health department records in order to locate medical information secured through the department's clinics.

The health assessments initiated continuous follow-up activities that are described in greater detail in the section on medical intervention in the following pages.

SPEECH ASSESSMENT AND FOLLOW-UP

The high incidence of referrals for problems in speech and language at the two schools where screening took place resulted from the hypothesis that there was a relationship between problems in language development and learning disabilities. The therapists involved in the screening were instructed to over-identify rather than to risk over-looking some possible language disability. The emphasis of speech screening, therefore, was on discovering children with central language problems rather than on speech problems since each school is regularly served by a speech therapist who sees each child for whom speech per se is a concern.

The FOCUS speech and language specialist studied the speech and language screening records of children in the two screened schools in order to interpret the screening results and classified the list of referrals into the following categories:

1. If referred on the basis of scores on sentence and digit repetition only, and no problems in classroom were reported, it was considered that test results were not valid or that the child had learned to cope with his auditory world.

2. If there was no observable speech problem and problems in classroom behavior and achievement were reported in other parts of screening, referral was made to the diagnostic-prescriptive team for further evaluation.

3. If there was a speech, hearing, or language problem indicated, the child was referred to the school speech therapist and/or FOCUS speech and language specialist for further assessment.

The speech therapists regularly assigned to these two schools followed their usual procedure of getting referrals directly from classroom teachers. In each school the FOCUS speech and language specialist went over the referral lists with the school therapist. At Twinbrook the school therapist saw 100 of the children on the FOCUS list to determine the need for therapy. The FOCUS specialist saw 35 children as a consultant and diagnostician and wrote prescriptions for therapy or educational planning for 19 of them.

At Rosemary Hills similar comprehensive follow-up was done by the regular school speech therapist. The FOCUS specialist saw 31 children on a consultant basis to help determine whether speech therapy or diagnostic-prescriptive teaching might be indicated. Suggested prescriptions were written for 14 children.

At the two schools in which speech screening was not done, referrals of speech problems were made by classroom teachers. Significantly fewer children came to the attention of the speech specialist by this latter method.

At Lone Oak the FOCUS specialist saw 20 children and wrote suggested prescriptions for working with them. She also conferred with parents of several of the children whose problems were not severe enough to be scheduled for therapy and suggested ways in which they could work with the children in informal ways at home to improve language development.

At Connecticut Park 16 children received speech and language evaluations followed by consultation with the school staff.

CASE COORDINATOR'S ASSESSMENT AND FOLLOW-UP

The case coordinator's role in assessment and follow-up activities was to secure all available information on 29 children referred to FOCUS services who were known to have problems at home or who were known to be working with outside agencies. Three of the children moved out of the area before assessment activities began. The case coordinator reviewed all the school records of the remaining 26 children and contacted 7 outside agencies to secure additional data that was available about these children.

Copies of this information were secured for inclusion in the child's school confidential folder. Direct observations of nine children were written up. The reports were filed in the child's school folder. Information also was gleaned from conferences held with school personnel including one referring classroom teacher, eight present classroom teachers, nine resource teachers, three pupil personnel workers, and 16 conferences with principals. Follow-up activities on these children included many different tasks which often led to intervention procedures. In some cases, it entailed checking back to see that certain recommendations were carried out. In other cases, the case coordinator relayed information about children as it developed from community agencies to the project staff. He also met with parents to secure further insight into the child's problem, to refer parents to outside agencies, and to interpret the role the school plays in helping to meet children's needs.

PSYCHOLOGIST'S ASSESSMENT AND FOLLOW-UP

Of the 80 children referred to the psychologist for initial assessment on the basis of the results of screening and teacher referrals, the following activities were performed:

73 - records were reviewed.

71 - teacher conferences were held.

48 - students were observed in their regular classroom situations and then conferences were held with the teacher, the principal and sometimes parents.

14 - parent conferences were held.

4 - children were discussed at staffing conferences.

41 - additional conferences were held with reading teachers, FOCUS teachers, speech therapists, and other project personnel.

Of the 80 referrals, 37 are still being followed up in various ways by the psychologist.

INTERVENTION ACTIVITIES OF THE TEACHING TEAMS

During the months of November and December, substantial intervention activities for children were under way in three of the four FOCUS schools. In the fourth school, due to the considerably greater number of children identified for assessment, intervention procedures involved a more limited number.

Organization of Intervention Activities

While the basic factors to be considered in organizing for intervention were the needs and deficits of the referral group as revealed by the assessment process, two other intrinsic factors influenced the character of the intervention procedures which evolved. These were:

1. What should be the relative proportion of children selected for instructional intervention whose learning problems are moderate in contrast to those with more severe learning impairment?

2. Should intervention activities be concentrated on skill building in the areas of reading, language and arithmetic or should there be greater emphasis on the processes in visual, auditory and motor areas, and on the development of language?

In addition to these two major issues, other factors of an administrative nature had to be taken into account in organizing project intervention procedures.

From the inception of the project, a major premise has been that there is a considerable group of youngsters in the county schools whose educational performance is deficient and whose educational needs are not being met. This premise was derived from the Inventory of Student Needs conducted during the 1966-67 school year, as a part of an ESEA, Title III planning grant. The unmet needs identified in this study ranged from the relatively minor learning difficulties of children who needed a supplement to their current educational program to the more serious problems of children with severe learning deficits. In more traditional settings and prior to Project FOCUS in Montgomery County, the latter group of children may frequently have been considered in need of special education placement.

As many of the major decisions regarding instructional intervention depended upon the specifics of the population to be served, some resolution of this matter was needed at the outset. For example, deciding which children needed individual instruction and which ones could be placed into small instructional groups was of critical importance. Decisions concerning the length of the instructional period, and whether it should be daily or less frequent depended to a large degree upon the children selected.

Basically, the selection process was resolved with the understanding that all of the FOCUS schools would attempt to include in intervention a range of children who exhibited a variety of needs and problems. Based on this rationale, several distinct patterns of intervention evolved. One pattern might include children who need only a brief period of time of instruction in the FOCUS classroom followed by consultation with the classroom teacher. Another might include youngsters who would spend a considerable period of time in the FOCUS classroom, again with feedback to the classroom teacher. Children who had more severe problems and who, in some cases, may have been referred or considered for special education placement, comprised a group which might spend up to a half-day in the FOCUS classroom. By taking this approach to the selection of the children to be scheduled for intervention, experience with several models of intervention could be gained. Underlying this plan of operation was the premise that a considerable segment of the children receiving intervention would constitute a continually changing group. As children were returned full-time to their regular classroom, new referrals in need of service would be scheduled for intervention.

Of equal importance in the decisions regarding intervention was the emphasis placed on the components of the learning process. The position was taken that the degree of emphasis placed on the components of learning would greatly affect the character and content of the intervention activities in the FOCUS classroom.

In order to put this decision in proper perspective, it is necessary to return for a moment to the process of assessment previously described. It should be recalled that a great deal of emphasis in the assessment process was directed toward measuring specific avenues in a youngster's learning processes to determine both his weaknesses and his strengths. Typical areas of assessment included, level of language development, integration of perceptual functioning in visual, auditory and motor areas, visual and auditory memory, awareness of spatial relationships, conceptual ability and cognitive development. If intervention was to be an outgrowth of what was known about the child as a result of assessment and was to be based on the premise that development in perceptual and cognitive areas is concurrent with instruction in school subjects, intervention activities should include development in these areas. It will be recalled that the institute in which the diagnostic and prescriptive teachers participated was designed to give these teachers the skills to make these determinations and to provide this type of intervention when needed.

Organizing for intervention activities involved more than determining the range of children to be included and identifying the components of the learning process to be stressed. It also involved reconciliation of a number of project and local school factors that further affected the character of the intervention program. For example, scheduling of children into the FOCUS classroom had to be integrated with existing schedules and programs in the school. Scheduling of the somewhat limited FOCUS classroom space had to be worked out. Integration of the activities of the teaching team with those of the resource staff had to be accomplished. In addition, time had to be allocated for group planning, for conferences with the resource team, classroom teachers, and parents.

Types of Intervention Activities

While the intervention activities initially set up were considered somewhat tentative pending actual operational experience, the following is illustrative of the type undertaken during the early weeks of intervention.

Type of Group	Procedures and Materials
Reading Group Utilizing Visual-Perceptual Strengths to Remediate Auditory Weaknesses	1. Matching and talking about pictures, words, consonants and vowels to recognize similarities and differences 2. Using slot cards to develop sight vocabulary 3. Using flannel board objects to identify and name initial and final consonants 4. Using overhead projector and tape recorder to develop speed in naming and recognizing words and phrases 5. Using listening station to combine auditory and visual input--Listen and Do Series; to develop visual perception--See and Say Series 6. Using the Detect to increase visual perceptional speech (1/25 of a second) 7. Tape recorder for self-evaluation

Type of Group — Procedures and Materials

K-1 Readiness Group

1. Language Development

   Much informal discussion
   Dandy Dog (ABC Learning Activity Sheets)
   To develop thinking, following directions, to interpret picture details, to see relationships, likenesses and differences

   a. Visual and visual motor skills:
      - KELP blocks - to organize and to revisualize
      - Puzzles - perception of size, form, shape and gestalt
      - Logical blocks - concepts of size color, relationships
      - Developmental Learning Materials - parquetry, bead and peg board designs; spatial relationship boards - size relationships, ability to give attention, concentration

   b. Auditory perceptions:
      - Listening activities - stories; listening station, with recorded story; flannel board stories, to retell; tape recorder, to tell stories and listen to them; DLM Buzzer Board, to reproduce a sound pattern; DLM auditory tape, to identify sounds and match with pictures; Bell blocks, to follow sound pattern

2. Math Concepts

   - Stern materials - to learn size relationships and concepts of more and less
   - Overhead projector with disks - counting and concept of "one more"
   - Step-on number line

3. Physical Education

   - University of Maryland program for body awareness exercises
   - Cratty's sequential program for body image (UCLA)
   - Exercises on the mats
   - Skipping, marching, galloping
   - Walking boards

2

Type of Group	Procedures and Materials
Math Group	Developing Basic Math Concepts Many instructional materials have been used to teach the following basic mathematics concepts: Perception of sets Odd and even Counting by 10's, 5's and 2's Tens and ones Sets (addition and subtraction) Use of the number line "Greater than" and "less than" $><$ Roman numerals Money Use of the place-holder in addition and subtraction $\square$ Instructional materials used The overhead projector The large abacus Individual number lines Real money Magnet boards and "chips" Tens and Ones "Men" with magnetized fingers The chalk board Paper and "chips" County "sticks" Set perception cards
Gross Motor Group	Helping the youngsters to relax so that they can improve in the areas of strength, balance, and coordination. Listed below are activities included to reach this goal: 1. Rolling on the mats - "Like a log," "like a ball," etc. 2. Holding onto the back of a chair and swinging the free leg as far as you can backward and forward without bending the knee. 3. Jumping the foursquare - alternating legs. 4. "Jumping Jacks" 5. Holding onto the calves of the legs and walking around the room. 6. Carrying a bean bag from one side of the room to the other without using hands. 7. Walking sideways - crossing one leg over the other. 8. Tossing the bean bag up in the air and catching it, while walking around the room at the same time.

Type of Group	Procedures and Materials
Gross Motor Group (continued)	9. Running on tiptoe. 10. Practice on the balance beam, including both widths, walking backward and forward. 11. Stretching exercises. 12. Walking a rope pattern the children had laid out on the floor. 13. "Crouch!" "Stand up!" "Crouch!" "Stand up!" Counting the number of times a child can do that in 30 seconds. (Ten or twelve times seems about average.) 14. "Seal Walk," "Duck Walk," etc. 15. Holding one foot in child's hand - timing for balance. 16. Jumping sideways over a given line ten times. 17. Playing games - "Steal the Peg," "Ring Toss," etc. 18. Naming body parts and identifying left from right. 19. Chinning Bar
Diagnostic Group	Improving speed in visual perceptual motor functioning Using Detect with overhead projector to develop an individual program with sequentially flashed patterns on a screen at 1/20 of a second to motivate the child to locate and retain the pattern. Auditory Perception The following materials were used for auditory visual reinforcement activities in planning the same child's program. Science Research Associates Basic Reading Series (phonics) Chart Text Workbook Listening for Speech Sounds -- auditory discrimination activities Audio - Flashboard System Tapes with a range of auditory activities, including discrimination and sequencing.

Type of Group	Procedures and Materials
Reading Group Using Multi-Sensory Approach	1. Writing Experience Stories Tracing sandpaper word cards and keeping them in their own individual word boxes; learning each other's words; re-reading their own and each other's stories. 2. Detect Identifying a visual symbol which is flashed on the screen for 1/25 of a second; coordinating this activity with the meaning of the symbols on the page; identifying the sounds of letters and naming words that begin with a given letter. 3. Think and Do Books Selecting activities that involve identifying items on a page that have a number of parts; coordinating the naming of these items with experiences these boys have at home to stimulate language expression. Building vocabulary and helping to develop word meaning. 4. Work in a Basal Text Work in this area would include building a basic sight vocabulary and practice with reading groups of words, and recognizing phrases to reduce incidence or word calling. Also, we think it is important to relate the story incidents to these boys' lives. The text they are using now is based on city life, so questions we want them to consider would include: "Well, when have you been to a city?" "What city do you live near?" "How is the city different from where you live?"

Utilization of Teaching Team Personnel in Intervention

The original proposal for Project FOCUS contained relatively discreet descriptions of the teaching team positions of diagnostic teacher, prescriptive teacher, diagnostic-prescriptive teacher intern, and relief teacher. During the first several months of the project, activities undertaken tended to make these roles less discreet. This was particularly true as far as the diagnostic teacher and the prescriptive teacher were concerned. Specifically, the institute at the University of Maryland for the diagnostic and prescriptive teachers included similar experiences for both groups. While their previous professional experiences and backgrounds differed somewhat, the diagnostic and prescriptive teachers emerged from the institute with approximately the same kinds of skills and techniques to be applied to their responsibilities in Project FOCUS. This trend toward making these positions more alike was perpetuated by the need for all staff to share in the assessment process in order to meet the needs of the project calendar. Since there was a large group of youngsters to be assessed in all the project schools, the manpower of the teaching team, which by this time included the intern and relief teacher, was deployed in a manner designed to best accomplish this essential step.

With the launching of intervention activities, some degree of uniqueness of the original positions began to return. The diagnostic teacher, for example, assumed the responsibility for assessing new referrals to the project and for continuing with youngsters who needed diagnostic teaching. The prescriptive teacher began to work with individuals or groups of children for whom prescriptions had been determined on the basis of assessment. The diagnostic-prescriptive teacher intern in most cases assumed some responsibility for carrying out prescriptions with small groups but also retained some responsibility for diagnostic teaching.

The relief teacher played a variety of roles some of which were not anticipated in the original description of the position. In addition to relieving the classroom teacher so that she could be involved in conferencing and observation in the FOCUS classroom, relief teachers were used in both diagnostic and prescriptive work within the FOCUS classroom. In some situations, the relief teacher provided opportunity for the classroom teacher to work with small groups of individuals within her own classroom. The relief teachers were also used to relieve other members of the teaching team in order that they might carry out other responsibilities. As the project evolved, specific skills and interests of individual team teachers influenced the evolving job roles.

As has been indicated previously in this report, conditions within the four FOCUS schools are not entirely similar. If FOCUS is to operate effectively in each school and, further, if the project is to gain the range of experience needed to later implement aspects of the project within the total school system, the uniqueness of each of these schools should be reflected by the character of its FOCUS program. The uniqueness of each school has been recognized in the intervention activities undertaken. For example, in one of the FOCUS schools where numbers of children identified were substantially greater than in the other schools, initial emphasis in intervention was directed toward working with the classroom teacher to effect improved educational performance within her own classroom for children identified as needing help. In this school, the FOCUS teachers plan with the classroom teachers, particularly at the Kindergarten and first grade levels, in order to utilize the results of assessment and to determine ways in which the classroom teacher can incorporate improved techniques and methodologies into the regular classroom program. In this school, for example, particular attention has been given to assisting teachers in using aspects of the Frostig Perceptual Training Program with children who can benefit from this form of intervention. The program specialist, the instructional materials specialist, and the speech and language specialist have also assisted in this effort. In addition, each of the four FOCUS teaching team members has assumed responsibility for follow-up with the teachers at a particular grade level, within the K-3 span.

In another FOCUS school where the children are grouped in a somewhat homogeneous manner in the classrooms, there was identified through assessment a substantial group of third graders who needed language development experiences. In this school, the prescriptive teacher works with 18 third grade children in their regular classroom for one and one-half hours a day to build basic skills in language development and to improve work habits.

THE SELECTION AND USE OF INSTRUCTIONAL MATERIALS

The use of instructional materials has been an integral part of both the assessment process and the degree of intervention which has occurred during the first stage.

The diagnostic and prescriptive method of assisting children with problems related to learning requires a different approach to instructional materials. It requires an evaluative technique. This evaluation is applied to each material to judge its effectiveness for the individual with whom it is used.

With guidance from many resources, including staff from the University of Maryland, FOCUS personnel, consultants, and Montgomery County public school personnel, initial selections of screening, assessing, and diagnostic instruments have been made. These have been secured by the instructional materials specialist for the teaching teams and resource staff of the project. More than 50 different kinds of instruments, many of them in quantitites, have been purchased at a cost of approximately $1,880.

The utilization of diagnostic techniques leads to the development of prescriptions for children. As these are developed, they require that media, materials, and equipment be identified. Numerous items have been evaluated and considered. An effort has been made to purchase those items which seem applicable to these prescribed needs.

Many prescriptions have identified materials which are not available commercially. The specific requirements of such materials have been analyzed and the materials created through the joint efforts of the instructional materials specialist, the graphic artist, and various members of the teaching teams.

To support this part of the project, expenditures have been made in three areas: equipment to assist in the instructional program--$10,295; equipment for production of materials--$9,700; and materials for the production of software--$2,400.

INTERVENTION BY THE CHILD DEVELOPMENT TEAM

Although educational strategies are providing the main thrust in the work with children who have been identified as having problems related to learning, services from other disciplines, including those of medicine, psychology, and social work, are being utilized also. Integration of such supplementary services with the educational program and coordination of the planning for individual children is being achieved through bi-monthly staff conferences held in each project school. These staffings are planned by the child development team in cooperation with the diagnostic teacher. In regular attendance at these staffings is a core group from the child development team, the diagnostic teacher, and the principal of the project school. The classroom teacher, other members of the FOCUS teaching team, and central resource staff attend as appropriate to the children being discussed.

Where outside agencies are working with the child, representatives of the agency are invited to attend the staffing. For example, staff from the Department of Child Mental Health and of School Health Services of the Montgomery County Health Department have been involved in these conferences. A public health nurse from the Montgomery County Health Department is a regular member of the staffing team; and the school medical advisor, who is a half-time member of the project staff, has been called upon to attend staffing frequently. Personnel from other MCPS departments such as speech therapists, remedial reading specialist, itinerant teachers of the visually handicapped, psychologists, and others have participated as the needs of individual children have been considered.

In addition, staffing has been designed to serve as the channel for continuous referral. As new referrals are brought to the attention of the child development team supervisor, the diagnostic teacher begins assessment; and when the educational needs of the child are known, she requests that the child be placed on the staffing agenda for discussion and further planning. A coordinated plan is developed to meet the child's specific needs, and intervention processes are scheduled.

INTERVENTION BY HEALTH PERSONNEL

Following the assessment of medical and health referrals through screening, intervention procedures were initiated. By the end of December, the records of 33 children had been reviewed by the FOCUS physician. Some of these were school records, while others included records in the Health Department files. Several of the children were observed in class. Detailed reports on the children were prepared by the FOCUS physician and sent to the schools and shared with the Department of School Health. Requests for follow-up of information was sent to the area PHN's or private physicians. Several cases have been brought to the attention of special projects in the National Institutes of Health through conference, telephone call, or correspondence.

Fourteen complete medical evaluations have been done by the FOCUS physician. Two of these evaluations required more than one appointment in order to provide parents with interpretation and counseling. One child, whose working mother could not get to the Health Department Behavior Clinic, is being managed on behavior drugs prescribed by the FOCUS physician. Six children have required further diagnostic or therapeutic help. Many of the children referred to the health team have longstanding medical and/or behavior problems, thus requiring that the examiner spend several hours with the parents in order to begin to be helpful.

The public health nurse made eight additional home visits and four nursing evaluations during November and December and continued, through monthly workshops, staff development activities for the FOCUS RN's and coordination of their services with the project health activities.

INTERVENTION ACTIVITIES BY PSYCHOLOGIST

During the months of November and December, 1968, various forms of psychological intervention were carried out with the children identified through the original referral or screening procedures. In addition, new referrals were processed and received different types of psychological intervention.

The following interventions were carried out during November and December of 1968:

9 records were reviewed

59 teacher conferences were held

61 students were observed in their regular classroom situations

13 parent conferences were held

2 children were discussed at staffings

26 additional conferences were held with reading teachers, FOCUS teachers, speech therapists and other project personnel.

SPEECH & LANGUAGE INTERVENTION

The speech assessment described in this section was a first stage in the intervention process. At the time of assessment, recommendations for intervention were written and consultation with the school speech therapist and FOCUS teaching team was carried out. The speech and language specialist for the Project who serves all four FOCUS schools is in any one school only long enough to do diagnostic teaching and then prescribe a program to be carried out in speech therapy, in the FOCUS classroom or in the regular classroom. In some cases, through consultation with parents, a program for language development activities at home has been prescribed.

Since the intervention described under assessment, there have been nine new referrals. Requests for consultation from the school therapist or FOCUS teachers have been followed up concerning 21 children.

STAFF DEVELOPMENT

OBJECTIVE D: To provide continuing staff development and training procedures for Project personnel

INSTITUTE FOR DIAGNOSTIC AND PRESCRIPTIVE TEACHERS

An intensive 51-day institute at the University of Maryland, from April 3, 1968, through June 21, 1968, (Appendix C) was held for the eight diagnostic and prescriptive teachers, the instructional materials specialist, and the program specialist. The institute was under the direction of Dr. Jean R. Hebeler and members of the staff of the Department of Special Education, University of Maryland. Other institute part-time participants included faculty from the College of Education at the University of Maryland, outside consultants, other personnel from the Montgomery County Public Schools, and members of the Project FOCUS staff (Appendix C).

The content and activities of the institute included reviewing contemporary learning theory and research; examining and interpreting psychological, medical, psychiatric, and educational information; exploring standardized tests in academic areas; discussing the merits and limitations of both standardized and informal diagnostic tests in relation to a child's performance ability; observing the administration of such tests and discussing their functions; attempting to develop techniques for recording and summarizing data; viewing and examining instructional materials; participating in sensitivity training group sessions to help establish roles and become more sensitive to other's needs and talents; visiting Pathway School in Norristown, Pennsylvania; and listening to and reacting to lectures.

FOCUS STAFF WORKSHOP

Following the institute, a one-week workshop was held for the total Project FOCUS staff under the leadership of the director. The purpose of this workshop was to bring the instructional team and the child development team together so that they might share with each other the experiences gained from the activities in which they had been engaged up to this point in the project. Two days of the workshop were spent at Harpers Ferry, West Virginia. One full day of the workshop was devoted to examining instructional materials. On another day, the principal of each of the four FOCUS schools met with his FOCUS teaching team in order to plan for the children who were part of the FOCUS summer program.

INSTRUCTIONAL TEAM SEMINAR

Provision was made in the project for continuing staff development through staff participation in a regularly scheduled seminar. The purpose of the seminar was to elaborate and refine learning theories and techniques introduced in the institute and to provide an opportunity for the instructional staff to gain new instructional skills and insights.

The needs of the teachers were of primary concern in planning the content of the seminar. Other resource staff personnel and principals of the FOCUS schools also participated.

Seminars were held every Thursday afternoon from 1:30 to 4:00 from August 8 through October 31, 1968. The seminars were scheduled on a rotating basis at the four project schools, the central project office at Larchmont Elementary School, and the University of Maryland.

The first meeting was intended primarily to identify specific problems that the FOCUS teachers had regarding the application of techniques studied during the institute. At that meeting, a group of three FOCUS teachers volunteered to act as a steering committee for planning future seminars.

The content of the seminars has included discussion of styles of learning and how different styles could be diagnosed; video taped observations of specific learning problems of children; and the use of action words in describing and recording children's overt behavior. At one seminar, Dr. Walter Waetjen, vice president for administrative affairs at the University of Maryland, discussed the importance of the child's total self-concept in relation to his learning potential. At the request of the teachers, Dr. Jean Hebeler remained the discussion leader for most of the seminar sessions through October 31.

In early November, as a result of suggestions from the staff, a different pattern for the seminar was developed and implemented. This modification was designed to provide the teaching team with an instructional practicum which would enable them to gain specific diagnostic and prescriptive teaching techniques. In addition, time was allotted to share ideas, to practice administering tests such as the ITPA, to receive guidance in using instructional materials more proficiently, to devise a uniform assessment package, and to plan for curriculum development.

It was decided to conduct such an instructional seminar every other Wednesday afternoon. On the alternate Wednesday afternoon, time was available for either small group sessions or independent activities planned and implemented by the FOCUS teachers.

The objectives for the revised seminar were:

1. To concentrate for several sessions on the auditory modality including other modalities where appropriate

2. To devise more innovative methods and materials to meet specific learning situations

3. To better share and integrate the skills of the FOCUS teachers and the FOCUS resource staff

4. To obtain outside consultant assistance when needed to help solve instructional problems

In line with the first objective, one instructional seminar was devoted to the gathering of pertinent data dealing with a child who exhibited a severe auditory perceptual deficit. As a result of this activity, a tentative program was planned for this child. In using this technique, the information gained could also be used with some adaptation for other children with similar deficits.

Another seminar was devoted to training and practice in the administration of the Illinois Test of Psycholinguistics (ITPA). In addition, time was allotted to plan how tapes, Electronic Futures, Incorporated, materials, and other instructional materials could be applied to remediate auditory deficits as indicated by the ITPA.

On alternate Wednesday afternoons, teachers pursued related staff development activities. These included job-a-like meetings, visitations, staff conferences, or independent study. Personnel from the resource staff participated when they were needed.

OTHER STAFF DEVELOPMENT ACTIVITIES

On July 17 and 18, the instructional staff and other resource staff heard Dr. Robert E. Valett from the Special Education Department of the Sacramento, California, Unified School District discuss his theory and his approach to instruction for children with learning disabilities.

During the third week in August, four of the FOCUS teachers attended the Special Study Institute in Language Disabilities workshop in Baltimore conducted by Miss Doris J. Johnson, assistant professor of language pathology of Northwestern University in Evanston, Illinois, and Dr. Harold J. McGrady, associate professor of language pathology, at Northwestern. This workshop was conducted by the Maryland State Department of Education under the chairmanship of Mrs. Joan Maynard.

On November 15 at the invitation of Dr. Jean Hebeler, the FOCUS instructional staff attended an all-day workshop at the University of Maryland conducted by Miss Doris Johnson. The topic of the workshop was diagnosis of auditory and visual perceptual problems. Miss Johnson talked about input, integration, and output processes related to learning problems. The afternoon session was devoted to a discussion of the various aspects of output and their relationship to motor involvement activities such as reading and writing. As a direct result of this experience, it was decided to attempt to secure Miss Johnson as a consultant to the project.

On November 26, 1968, Arthur Flowers, director of Research, Oak Park Public Schools, Michigan, met with the FOCUS resource staff and representatives of the MCPS Department of Speech and Hearing. He demonstrated and discussed the Flowers-Costello Tests of Central Auditory Abilities and outlined the philosophy and procedures of the Flowers' Auditory Training Program. The Central Auditory Abilities Tests and the Auditory Training Program were viewed by the staff as having potential for screening and intervention respectively.

INSTITUTE FOR DIAGNOSTIC-PRESCRIPTIVE TEACHER INTERNS

Another phase of the staff development effort of the project was an institute conducted for the four diagnostic-prescriptive teacher interns. As the interns had joined the staff after the 51-day institute previously conducted for the diagnostic and prescriptive teachers, the intern institute was designed to provide the interns with similar background that was provided for the eight diagnostic and prescriptive teachers. This institute also was under the direction of Dr. Jean R. Hebeler, head of the Department of Special Education at the University of Maryland. In addition, two members of the Project FOCUS resource staff, Dr. Suzanne Henry, physician, and Mrs. Miriam Ulrich, speech and language specialist, were consultants for the intern institute.

RELIEF TEACHER WORKSHOP

A workshop was held for the four relief teachers at the FOCUS offices in Larchmont Elementary School, Tuesday, August 27, through Thursday, August 29. Participating in the relief teacher workshop were the four relief teachers, the director, the program specialist, the instructional materials specialist, and the communication specialist.

The purpose of the relief teachers' workshop was:

1. To provide the relief teachers with the background, the objectives, and the rationale of Project FOCUS.
2. To assist them in planning for the tasks and the diversified responsibilities to be encountered in relieving regular classroom teachers.
3. To train them in the skillful use of equipment and materials to broaden their potential for providing instructional experiences.
4. To provide them with information regarding diagnostic and prescriptive teaching, initial assessment, and observing and recording student behavior.

STAFF DEVELOPMENT ACTIVITIES FOR HEALTH PERSONNEL

Orientation of Nurses

Four new positions were created in School Health in conjunction with Project FOCUS. These replaced the original nurse-aide positions which, upon further examination, were found to be unsuitable to serve the project's needs. Specifically, it was determined that there was a need in the project for personnel skillful in both the handling of large amounts of medical data and in carrying out screening in vision and hearing. To meet this need, three nurse-technicians already employed by School Health and one nurse who was working with the Washington, D. C., Prevention of Blindness Society were selected for assignment to project schools.

The four nurses began work September 16, 1968, with a week of orientation to School Health which was part of the routine Health Department in-service training. They then received individual orientation to their FOCUS role by the public health nurse from the child development team. Orientation sessions also were arranged with the child development team of FOCUS; with Mrs. Shirley Bederman, nursing supervisor in charge of in-service education; and with Mrs. Claire Kownacki, School Health nursing supervisor. Monthly meetings of the FOCUS PHN and the FOCUS RN's were arranged to continue this orientation.

Because this use of nursing personnel varied from what is characteristic in elementary schools, job responsibilities had to be developed jointly by School Health, the FOCUS PHN, and the child development team supervisor. It is evident that this role will be expanded as new and better ways of using the nurses to bring health services to the students are found. To this end, the FOCUS RN's will receive training by Mrs. Margaret Kenealy, consultant in the Prevention of Blindness Society, in December, 1968, in performing the cover test so they can apply this skill in vision screening.

The FOCUS RN's also received guidelines for the preparation of school nursing reports (Appendix C). When children are referred for health reasons to the child development team at staffings, unless the referral is just for routine follow-up for medical data, the FOCUS RN's will routinely receive requests for such reports in order for the PHN and physician to have information on which to base decisions regarding next steps.

Meetings Attended by FOCUS Health Personnel

The FOCUS PHN and physician attended a meeting of the Child Health Division in October at which Dr. John Grant, chief of the Division of School Health of the Maryland State Health Department, presented a discussion of Project Earlybird, a study in Frederick County, Maryland, intended to detect those preschoolers who might be suffering from congenital rubella, primarily as manifested by communication disorders. This discussion was of much interest since Project FOCUS this year at pre-Kindergarten roundups will be screening children conceived during the rubella epidemic of 1963. As a result of this discussion, it was decided to include head measurements on all the children at roundup and in addition otoscopic exams which will be performed by the FOCUS physician and the physician in charge of School Health.

The FOCUS physician along with the speech and language specialist attended a meeting held by the Montgomery County Speech and Hearing Association in September. The speaker was Dr. Frank Wilson, an authority on voice problems. Problems of this nature are of concern both to the health personnel and to the project language specialist.

The physician presented a half-day of instruction on "Neurodevelopmental Problems from the Medical Point of View" for the teacher interns. The nurse and physician participated in a two-day institute on neurology sponsored jointly by the Health Department and Project FOCUS. Other FOCUS staff, pediatricians, and Health Department personnel also participated in the institute. The institute was conducted by the Learning Clinic at Children's Hospital, Mark Ozer, M.D., director; Mirian Tannhauser, educational consultant; and Dr. Frederick Richardson, pediatrician. The participating physicians were instructed in the administration of a neurological screening examination. One morning was devoted to a training session in which the physician administered the examination to children. The Project FOCUS public health nurse was responsible for obtaining from nearby schools approximately 30 children who were volunteer subjects for these examinations.

STAFF DEVELOPMENT ACTIVITIES IN THE AREA OF INSTRUCTIONAL MATERIALS

A major objective of the project is to keep the staff informed as to current trends, practices, and developments which have relevance for the project. This phase of staff development has been supported by the provision of materials and equipment. Professional materials such as periodicals, books, reports, and microfiched materials have been reviewed, evaluated, and selected. Extensive purchases have been made of pertinent materials. These include 82 books and pamphlets and 168 microfiche. Some of these have been placed in the schools to be used as ready reference. The remainder have been placed in a central collection and are available for loan to staff of the Project and to the staffs of the project schools (Appendix C).

Additional services to support continuing staff development have been provided by the instructional materials specialist in the form of brief reviews of periodicals, articles, books, and other printed materials. These have been mimeographed and distributed periodically to the FOCUS staff and to the staffs of the FOCUS schools.

Resources from which all types of media can be obtained have been sought and catalogued for quick reference. Inter-library loans with metropolitan area libraries have made available a multitude of resources.

The instructional materials specialist has provided continuing staff development through individual and group in-service training in the use of equipment, techniques, and media. Such in-service training has been provided in varying degrees to project staff personnel, both professional and nonprofessional. The specialist has been able to assist FOCUS school staffs in utilizing equipment and materials and in creating materials for regular classroom.

To broaden the base of staff know-how, one phase of in-service training has been to utilize the representatives of commercial firms who have presented information and equipment and media demonstrations. This has been coordinated by the instructional materials specialist.

Visits were made to instructional materials centers, conferences, and workshops by the instructional materials specialist and other personnel. The primary purpose of these visits by the instructional materials specialist was to secure information and techniques about materials and equipment which might be applicable to the project. Particularly helpful were the visits made to the Conference on Evaluation of Materials held by the Special Educational Instructional Materials Centers; the Education Modulation Center in Olathe, Kansas; and the Children's Rehabilitation Center in Kansas City, Kansas. During several of these visits, it was possible to make arrangements for the sharing of information that is of mutual benefit.

Information covering other projects also has been received through written contacts. Dr. Robert Stepp, Midwest Regional Media Center for the Deaf; Research for Better Schools, Inc., Philadelphia, Pennsylvania; Dracut Public Schools, Dracut, Massachusetts; and the Learning Center for Exceptional Children, Caldwell, Idaho, are among those who have shared information about media that has been particularly pertinent to Project FOCUS. Sharing such information among project personnel has broadened the staff's knowledge of approaches to problems that they have faced during this phase of the project.

STAFF DEVELOPMENT FOR REGULAR CLASSROOM TEACHERS IN THE FOCUS SCHOOLS

Staff development of regular classroom teachers is also a goal of this project. Many activities have been undertaken in order to implement this goal. Classroom teachers have been present when their children were involved in initial assessment by the teaching team and thus were able to observe assessment procedures beyond traditional standardized paper and pencil tests.

Conferences were held with Kindergarten through Grade 4 teachers as soon as their children had been assessed. In these conferences, information was shared with classroom teachers and in turn teachers provided the FOCUS teachers with their perceptions of particular children. Some suggestions were given to the classroom teacher in order that he might plan programs for these children until such time as they could be worked with by the FOCUS team. Classroom teachers were involved with the teaching teams in establishing priorities to help identify children for FOCUS intervention. Some teachers have been a part of conferences involving FOCUS teachers, the FOCUS psychologist, and parents.

Considerable staff development work has been done through the FOCUS school psychologist. The entire faculty of one school viewed a film on behavior reinforcement and followed it up with a series of meetings attended by interested teachers. Several teachers worked out a behavior reinforcement program for their classes and several teachers worked on similar programs for individual children.

Individual classroom teachers have received assistance making materials to meet the needs of individual children.

VISITATIONS AND STAFF PARTICIPATION IN CONFERENCES

Project staff members have attended various conferences for continuing development. One staff member attended a Prince George's County and Montgomery County Cooperative Title I in-service program at the Washingtonian Motel in Gaithersburg, Maryland. The subject of the conference was "Staffing for Innovative Practices." The Maryland Conference for Educational Leadership in Baltimore, Maryland, was attended by another staff member. Two staff members attended the Third National Conference for Innovative Educators in Baltimore, Maryland. The project director attended the IBM Customer Executive Class, Poughkeepsie, New York, April 21-26, to learn what existing IBM programs could be utilized in developing a project record system for information collection, storage, and retrieval and to ascertain other computer applications relevant to the project. The speech and hearing specialist participated in a two-day speech institute in Richmond, Virginia, the theme of which was "Diagnosis and Treatment of Language Problems in the Public Schools."

The communication specialist attended a two-week National School Public Relations Association workshop in Plattsburgh, New York, July 22 to August 2, to receive professional consultation in dissemination techniques. The communication specialist also has joined the National School Public Relations Association and has applied for membership in the Montgomery County Chapter of NSPRA. The publications and meetings of these organizations offer opportunities to learn more about effective dissemination.

In October, the program specialist visited the Diagnostic School for Neurologically Handicapped Children in San Francisco, California; three elementary schools in Sacramento, California; and Dr. James Q. Simmons, III, chief of Children's In-Patient Service at UCLA in Los Angeles, California. The visit to the diagnostic school in San Francisco enabled the program specialist to observe the program and consult with members of the teaching staff in order to learn about their methods for diagnosis and remediation. An examination of recording procedures also was accomplished through this visit. The Sacramento visit included observing methods and materials which Dr. Robert Valett had described in his presentation at the University of Maryland, July 17 and 18, 1968. Dr. James Simmons at UCLA explained his theory of reinforcement therapy and discussed the results of the therapy regarding several children at the hospital.

The child development team supervisor attended the annual convention of the American Psychological Association held in San Francisco August 29-September 4. On September 5 he visited the Diagnostic School for Neurologically Handicapped on the campus of San Francisco State College to confer with the director of the educational program on screening techniques developed at this school. On August 27, the child development team supervisor also conferred with the project director and other staff of the Roosevelt School District Project in Remediation of Learning Disabilities, Title III, ESEA, Phoenix, Arizona.

The project psychologist attended a three-day institute (August 26-29) in San Francisco, sponsored by the School Psychology Division of the American Psychological Association. The institute section attended was "Micro-Consultation and Behavioral Analysis: A Training Method and Evaluation Technique for School Psychologists."

The project speech and language specialist attended Orton Society, Inc., a conference on diagnosis and remediation of dyslexia, in New York on October 24-26, 1968. As a result of contacts made there, Mrs. Alice Ansara was invited as a consultant for in-service training of the project staff.

OBJECTIVE E: To coordinate and integrate the pilot project with the school system and the community

Within the local school system, many appropriate departments and divisions were contacted by Project staff to establish mutually effective working relationships.

ADMINISTRATIVE STAFF

At the outset of the project, staff members met with the area directors and principals in the project school areas to present an overview of Project FOCUS and to discuss problems which might arise during implementation. On two different occasions, the assistant superintendent for administration has invited the project director to present a status report and answer questions at scheduled meetings attended by the 12 area directors, the director of Special Education, and the director of Adult and Summer Education.

DEPARTMENT OF PUPIL SERVICES

Project FOCUS staff met with staff of the Department of Pupil Services to make provision for the continuity of case services to children in the project schools (Appendix D). The pupil personnel worker who has worked previously with a specific child will be involved in current decisions that need to be made by the project team regarding that child.

DIVISION OF PSYCHOLOGICAL SERVICES

The Division of Psychological Services was asked to help in locating testing materials.

SPEECH AND HEARING SERVICES

A conference was held with the acting supervisor of the Speech and Hearing Services to request assistance in developing the speech screening instruments and in carrying out the screening activities. Although the Project speech and hearing therapist was not scheduled for appointment until July 1, with the cooperation of the Speech and Hearing Services, the appointee was transferred from other responsibilities, facilitating the planning of screening activities undertaken with the close cooperation of the staff of Speech and Hearing Services. The acting supervisor of Speech and Hearing Programs assisted in the development of screening instruments and provided 15 speech therapists in addition to the project therapist and those therapists regularly assigned to the project schools.

The program specialist was invited to attend the monthly staff meeting of the Montgomery County Speech and Hearing Therapists beginning in October. This has informed her about the speech and hearing program in the county and allowed her to share ideas and questions with that staff.

The project speech therapist represents Project FOCUS on the Superintendent's Advisory Committee on Pupil Services once a month and attends staff meetings of the Montgomery County Public School Speech and Hearing Therapists once a month to coordinate project speech activities with the regular school speech program.

DEPARTMENT OF PUPIL AND PROGRAM APPRAISAL

A conference was held with the director of the Department of Pupil and Program Appraisal and the directors of the Title I and Title III programs to discuss the problem of evaluation and to coordinate activities whenever possible. Further discussions were planned. The records of in-school testing activities of the Department of Pupil and Program Appraisal were examined to determine whether baseline data could be assembled on achievement in the early grades. Similar examinations were made of data collected in two studies which had been conducted by the Department of Research. Inquiries were made of the Division of Data Processing to determine whether certain Grade 1 county test data had been put on tape after the test program had been discontinued. Little useful information of current value was located. Changes in tests and changes in testing programs had rendered much data obsolete. In-school test data were too limited to justify assembling the data for the development of local norms for various kinds of children.

DEPARTMENT OF INFORMATION

The project director and communication specialist attended a two-day staff communications conference called by the superintendent of schools. The communication specialist served on the planning committee for the conference which was held May 23-25 at Hilltop House in Harpers Ferry, West Virginia and is presently serving on a committee appointed by the superintendent of schools to improve communications throughout the school system.

Under the leadership of the project communication specialist, all staff members in the school system whose work involves public relations are meeting periodically as a group to share resources, coordinate efforts, and plan in-service training programs which will be mutually beneficial (Appendix D).

DEPARTMENT OF EDUCATIONAL MEDIA AND TECHNOLOGY

A working relationship has been established with the Department of Educational Media and Technology so that the project staff may secure assistance in developing techniques and media for furthering project objectives. Various personnel in the department have acted as resources and consultants including the media specialist, equipment specialists, graphic arts specialists and personnel from the Media Center staff. Consultation also was held with specialists from the Maryland State Department and media specialists in other nearby counties.

This coordination also has been enhanced by the basing of a FOCUS staff member in the Graphic Arts section of the Department of Educational Media and Technology. This has provided for closer communication between the two groups, has provided an in-service experience for the graphic artist, and has allowed the project to utilize the existing graphic arts facilities and equipment.

DEPARTMENT OF EDUCATIONAL AND MANAGERIAL INFORMATION AND ANALYSIS

In order to coordinate with the school system the development of a model for information collection and retrieval, the project director and the evaluation supervisor met with the director of the Department of Educational and Managerial Information and Analysis (DEMIA). In order to work out procedures for implementing Project FOCUS within the framework of federal government and county school systems' guidelines and procedures, the director of DEMIA proposed that the FOCUS evaluation supervisor meet with the groups who will make recommendations for the implementation of a computer-based system-wide pupil data storage and retrieval system. Work on the development of a pupil data file is scheduled to begin after a number of more pressing data system procedures have been developed or adapted to a new computer facility.

DEPARTMENT OF SUPERVISION AND CURRICULUM DEVELOPMENT

The program specialist, as the liaison with the Department of Supervision and Curriculum Development of the Montgomery County Public Schools, has met with three staff members from curriculum to discuss the Project and to learn about other curricular activities going on in the county.

COMMUNITY HEALTH AGENCIES

The health personnel on the FOCUS child development team has worked closely with the school and the community.

Student nurses from Georgetown University School of Nursing, who are assigned to the Twinbrook Nursing Office for their public health experience, are working with several families of FOCUS pupils attending the two FOCUS schools in the Twinbrook area. The student nurses attend the school conferences that involve these families.

The FOCUS PHN and physician attend Montgomery County Health Department specialty clinic conferences involving children receiving Project services in order to share and provide information. An effort also is made to work closely with the Department of Child Mental Health. A social worker and child psychiatrist from that agency have attended two conferences on FOCUS children at the school. A visit by Child Mental Health personnel to a Project FOCUS school is planned.

Phone calls and reports to physicians have involved the National Institutes of Health, Children's Hospital, and the Maryland State Department of Health. Each letter or report to a private physician in the community has an enclosed note about Project FOCUS.

The FOCUS PHN has met with the nursing staff of the health department to interpret the Project to the regular school public health nurses. Both the FOCUS PHN and the FOCUS physican attend regular health department meetings.

PROJECT SCHOOLS

Perhaps the most important task of integrating FOCUS into the system is at the local school level.

Meetings with the regular psychologist, pupil services worker, and school based reading teacher have been held to determine how each would operate and complement the efforts of the FOCUS team.

The reading teacher has been involved in several staffings and will carry out the prescription of the FOCUS team when deemed advisable by the team. FOCUS teachers hold conferences with individual teachers regarding findings and how to work with individuals. Often, the teacher is present while the team works with the individual child.

Parent conferences with FOCUS teachers, the classroom teacher, and the FOCUS psychologist are held to discuss a child and to gain added background information. Recommendations from these conferences are made available to all concerned.

RECORD SYSTEM

OBJECTIVE F: To develop and utilize a record system which will serve as a model for information collection, storage, and retrieval

Staff effort is being directed toward the development of record systems in several areas of project endeavors. These include screening, diagnostic and prescriptive teaching, coordination of pupil services, instructional materials, and evaluation data.

SCREENING

Screening information, described in detail under Objective B, also will be part of this record system. The screening data was collected in a manner which allows its incorporation into the record system.

All screening data were posted, keypunched, and entered on a master magnetic tape in a manner compatible with the Univac 1108 computer. This tape has been maintained in its original form. Each data form number was given a corresponding line number. Each element of information within a data form was assigned an item number.

Working tapes have been developed from the master tape as required for the various analyses. A revised master tape will be developed when new information has been collected and prepared for recording. The development of a uniform and efficient computer-based model for data collection, storage, and retrieval cannot proceed until FOCUS screening, assessment, treatment, and evaluation procedures have been more fully established.

DIAGNOSTIC AND PRESCRIPTIVE TEACHING

A major responsibility of the Project FOCUS program specialist and instructional staff is to develop systematic procedures for recording diagnostic and prescriptive teaching. The instructional staff early in the project devoted considerable time to this task. Several days were spent during the 51-day University of Maryland Institute pursuing an approach to the development of recording. During the summer several hours each week were devoted to devising a form for the teachers to record observations, activities, materials used, and outcomes for each child seen in the summer program (Appendix H).

During September and October, the program specialist and other resource staff personnel revised the recording format. A tentative form was developed. Further refinements and modifications must be made in order for the recording system to be an effective instrument the teachers can manage in a reasonable amount of time.

COORDINATION OF PUPIL SERVICES

Assessment by the child development team of children referred for various pupil services, including the health services, was carried out concurrently with the assessment by the diagnostic and prescriptive teachers. The assessments were recorded on a form called Initial Assessment by Child Development Team (Appendix H). This gave the teachers quick feedback on the status of each child's evaluation and the recommendations for continued services by the resource staff. This record became the key to needed follow-up by the case coordinator and the diagnostic teacher.

Follow-up and coordination of services provided to support the educational program has been difficult to achieve for children in our regular school programs. Since information from specialists working with the child in settings outside the classroom benefits the teacher and enhances the child's learning environment, provision is made to hold weekly staff conferences in each project school to determine a child's need for supplementary services. In addition, these conferences are designed to bring back to the teaching staff information concerning the services which have been rendered to individual children. This may include information from psychologists, school social workers, private physicians, clinics, and other community agencies. A form was devised to record this type of information and to provide a current and continuous record of the child's status. It is called Record of Staffing and is included in Appendix H.

INSTRUCTIONAL MATERIALS

The collection and dissemination of information concerning the evaluation and utilization of media and materials are of primary concern to the instructional materials specialist. Cataloging and classifying materials and equipment are completed as items are received and readied for circulation.

An analysis of each of the items used in the project by the teaching teams in their diagnostic and prescriptive work is being carried out by the instructional materials specialist. These will form the basis for an information retrieval system which can aid professionals in quick location of materials which suit a specified learning task or area of knowledge.

A carding system which identifies resources is being developed. This system lists equipment and materials by source, by use intended by the manufacturer, and by informational categories.

EVALUATION

OBJECTIVE G: To Design and Apply Procedures to Evaluate the Results of the Project in Terms of Outcomes for Individual Children and for the School System

The principal activities of the evaluation staff during the reporting period concerned the organization of screening data for scoring, keypunching, taping, reducing, and analyzing. Outcomes are summarized in the section dealing with Objective B.

An evaluation plan was developed for the 1969-70 period. After internal review, the plan was reviewed by outside consultants. The extent to which the plan will be implemented and the time frame will be influenced by administration, funding, and staffing considerations. Development and tryouts of individual and group test procedures for the primary grades will be arranged in schools which are not connected with FOCUS.

THE FOCUS MODEL

The evaluation plan for 1968-69 has been adapted to the situations created by initial funding delays, the preliminary status of screening, assessment and intervention procedures, and administrative restraints which bear upon data collection. The project model as of December, 1968, is shown in Table 18.

The essential modifications in the original model are as follows:

1. Variant 2, which involved screening and turning the data over to schools with the usual pupil personnel services, has been dropped pending interim validation of screening procedures.

2. Baseline data collection for all children in all FOCUS and control schools has been added to the plan to make it possible to match FOCUS and control school pupils.

3. Collection of follow-up data on children in FOCUS and control schools will be scheduled.

A very clear imperfection of the 1968-69 model is that baseline data provide the only common basis for matching FOCUS and control pupils. Ideally, matching should be made using high quality screening or diagnostic/prescriptive data. Both of these data approaches are still under development. In 1969-70, it may be possible to perform screening in four variants and to implement the original FOCUS model.

FOCUS EVALUATION

The principal and most generalized objectives of Project FOCUS is to enhance educational performance. Educational performance may be defined in terms of a number of areas where school systems provide services--academic achievement, social adjustment, motor skills, speech, and health. This report describes proposed approaches to determining how well Project FOCUS has realized its objectives in the areas named above.

Table 18

FOCUS Variants 1968-69

VARIANT 1	1	2	3	4	5
Rosemary Hills	Screen all pupils	Assess referrals (Model 1)	Collect baseline data	Diagnostic/Prescriptive teaching and/or C.D. Team work-up, follow-up	Collect end of year data
Twinbrook	Screen all pupils	Assess referrals (Model 2)	Collect baseline data	Diagnostic/Prescriptive teaching and/or C.D.Team work-up, follow-up	Collect end of year data
VARIANT 3					
Lone Oak	Teacher referrals	Assess referrals (Model 3)	Collect baseline data	Diagnostic/Prescriptive teaching and/or C.D. Team work-up, follow-up	Collect end of year data
Connecticut Park	Teacher referrals	Assess referrals (Model 4)	Collect baseline data	Diagnostic/Prescriptive teaching and/or C.D. Team work-up, follow-up	Collect end of year data
VARIANT 4					
Weller Road	Usual referral procedures	Usual pupil services work-up	Collect baseline data	Usual remedial services	Collect end of year data
Burtonsville	Usual referral procedures	Usual pupil services work-up	Collect baseline data	Usual remedial services	Collect end of year data

As will be seen, major emphasis is placed upon evaluation of the impact of FOCUS upon academic achievement or precursors to academic achievement. Problems and considerations involved in some areas of evaluation are described in order to illustrate the rationales upon which recommendations are based. The proposal has been reviewed by two outside consultants.

PUPIL DATA COLLECTION

The evaluation plan data collection schedule unit costs and test time requirements are shown in Table 19. Total cost estimates including supplies and scoring costs are shown in Table 20. Details concerning the tests are shown in Appendix I. Major considerations underlying evaluation planning are discussed in Appendix I.

Two data collection periods are proposed - early mid-year and late spring of the same academic year. The early mid-year data collection period is consistent with the initiation of intervention. Two data collection periods within the same academic year (1968-69) can be made to serve three purposes:

1. To demonstrate program effects which are free of the effects of maturation and experiences in July through September, or of the school programs prior to FOCUS intervention.

2. To measure the effects of maturation and experiences in July through September and to "pick-up" new students.

3. To permit data analyses during the summer months for final report writing in October - November.

A series of individually administered tests is proposed and costed for beginning and end-K, and Grade 1. In addition, tests which can be administered to small groups of young children are proposed. The tests for Kindergarten and Grade 1 measure a number of functions which are related to readiness for reading.

At the end of Grade 1, the measurement of precursor or readiness skills is supplemented by achievement tests. Relatively new listening comprehension tests also will be used where the test appears to be suitable. Reading comprehension and arithmetic skills are recommended as the principal measure of program effectiveness for the reading grades. These skills may not be regularly or highly developed at the end of Grade 1, however, depending on program characteristics. For that reason, both readiness and achievement skills are included up to the end of Grade 2.

The use of two achievement test forms or levels is recommended for all levels. Doubling up the tests is recommended to provide scores with the degree of reliability necessary for effective evaluation of the progress of children who obtain low scores.

In addition to test performance measures, pupil data will include rating scores on an inventory of classroom behavior. Teachers will be asked to rate pupils on an inventory designed to assign scores to three basic behavioral traits.

It should be noted that the Kindergarten and Grade 1 pupil evaluation detailed in Table 19 is still tentative. The feasibility of the instruments and procedures are still being tried out in non-FOCUS schools at this writing.

Project FOCUS

Table 19*

Pupil Evaluation Test Data Collection

Winter 1968							Spring 1969						
Grade	Test	Subtest	Level	Form	Time	Cost	Grade	Test	Subtest	Level	Form	Time	Cost
Mid-K	WPPSI	Sentences			10	.04	End-K	WPPSI	Sentences			10	.04
	CAA	Low Pass Filter			8	.12		CAA	Low Pass Filter			8	.12
	CAA	Competing Messages			8	.12		CAA	Competing Messages			8	.12
	TAP	Auditory Recognition			10	.25		TAP	Auditory Recognition			10	.25
	PPVT	Auditory-Visual Integration			15	.25		PPVT	Auditory-Visual Integration			15	.25
	PPVT			A&B	20	.12		PPVT			A&B	20	.12
	TOBI				40	.15		PMA				60	.76
					111	1.05						131	1.66
Mid-1	WPPSI	Sentences			10	.04	End-1	WPPSI	Sentences			10	.04
	CAA	Low Pass Filter			8	.12		CAA	Low Pass Filter			8	.12
	CAA	Competing Messages			8	.12		CAA	Competing Messages			8	.12
	TAP	Auditory Discrimination			10			TAP	Auditory Discrimination			10	
	TAP	Auditory-Visual Integration			15	.25		TAP	Auditory-Visual Integration			15	.25
	PPVT			A	20	.12		PPVT			A	20	.12
	PMA				60	.76		SAT	Word Reading	I	W,X	30	
								SAT	Par. Meaning	I	W,X	50	
								SAT	Arithmetic	I	W,X	58	1.71
					121	1.41						199	2.36
Mid-2	SAT	Word Reading	I	W	15		End-2	SAT	Word Reading	I	W	15	
		Word Reading	I	X	15				Word Reading	II	W	20	
		Par. Meaning	I	W	15				Par. Meaning	I	W	15	
		Par. Meaning	I	X	15				Par. Meaning	II	W	15	
		Arithmetic	I	W	29				Arithmetic	I	W	29	
		Arithmetic	I	X	29				Arith. Comp.	II	W	30	
					118	1.71						154	1.71
Mid-3	SAT	Word Reading	I	X	15		End-3	SAT	Word Reading	II	Y	20	
		Word Reading	II	X	20			SAT	Par. Meaning	II	Y	29	.88
		Par. Meaning	I	X	25			SAT	Arith. Comp.	II	Y		
		Par. Meaning	II	X	29			SAT	Arith. Concepts	II	Y		
		Arithmetic	I	X	29			ITBS	Reading	3	4**		
		Arith. Comp.	II	X	30			ITBS	Arith. Concepts	3	4**		
		Arith. Concepts	II	X	30			ITBS	Arith. Prob. Solv.	3	4**		
					154	1.71						49	.88
Mid-4	ITBS	Reading	3&4	2**	55		End-4	ITBS	Reading	3&4	2**	55	
		Arith. Comp.	3&4	2**	30				Arith. Comp.	3&4	2**	30	
		Arith. Prob. Solv	3&4	2**	30				Arith. Prob. Solv	3&4	2**	30	
					115							115	

*Complete Details Concerning Tests Can Be Found In Appendix I

**County Test Data or Facilities

Table 20

Summary Cost Estimates for Evaluation Data Collection

Fall 1968				Spring 1969				
Grade	N	Cost		Grade	N	Cost		
FOCUS SCHOOLS								
Mid-K	472	495.60		End-K	472	783.52		
Mid-1	458	645.78		End-1	458	1080.88		
Mid-2	444	759.24		**End-2**	444	759.24		
Mid-3	451	771.21		End-3	451	396.88		
Mid-4	473	- - -		End-4	473	- - -		
			2671.83				3020.52	5692.35 Total- FOCUS Schools
CONTROL SCHOOLS								
Mid-K	199	208.95		End-K	199	330.34		
Mid-1	186	262.26		End-1	186	438.96		
Mid-2	180	307.80		End-2	180	307.80		
Mid-3	172	294.12		End-3	172	151.36		
Mid-4	200	- - -		End-4	200	- - -		
			1073.13				1228.46	2301.59 Total - CONTROL Schools
Total Mid-K thru 4 FOCUS & CONTROL SCHOOLS			3744.96	Total End-K thru 4 FOCUS & CONTROL			4248.96	7993.92

TEACHER DATA COLLECTION

Teachers will be asked to complete a classroom practices inventory at the beginning and end of the year for K - Grade 3. Interest will center on the degree and direction of change of practices in FOCUS and control school teachers matched in terms of experience and background. Teachers will be asked to respond to the inventory in terms of both their theoretical orientation and practical experience. Teacher unit time requirements for completing the Classroom Behavior Inventory and Classroom Practices Inventory are shown in Table 21.

CONTROL SCHOOLS

Selection

It is desirable that control schools serve similar pupil populations and that the general instructional and pupil grouping practices be similar in FOCUS and control schools, that boundaries remain fixed during the project period, and that pupil turnover be small. These requirements are difficult to meet in practice. Two control schools serving approximately one-half of the FOCUS populations have been recommended to the administration. Enrollment data for FOCUS and proposed control schools are shown in Table 22.

One of the FOCUS schools, Twinbrook, may be a source of a substantial number of additional control students. Twinbrook enrollment is approximately double that of many of our schools. It is doubtful that FOCUS resources can be extended so as to provide significant assistance to all needy pupils. Those pupils who are found to need help, but for whom, for practical reasons, help has not been provided, can be used as within-school control students.

Testing

The same tests will be administered in FOCUS and control schools. The control schools provide the baseline against which the impact of FOCUS can be measured.

Data Hold-Out

In order that control schools be in fact control schools, it is important that the test data shall not be released to the schools as a basis for providing special intervention.

DATA ANALYSIS

Table 19 is set up to show how pretest and postest scores for various groups may be compared. The left half of the table shows initial test data. The right half shows end-of-year data. Analysis of gain in scores for FOCUS versus control school pupils is feasible where pre and post test scores are based on the same test. Care has been taken to assure that performance measures will be reliable enough to show gains where they occur. In the higher grades, where what is being measured may change qualitatively during the year, covariance or leveling analyses must be performed where pre and post tests are not the same.

Table 21

Evaluation Data Collection Time Schedule

Fall 1968			Spring 1969		
Grade	Checklist	Time	Grade	Checklist	Time
Mid -K-4	Classroom Behavior Inventory	90	Mid-K-4	Classroom Behavior Inventory	90
	Teacher Practices Inventory	25		Teacher Practices Inventory	25
		115			115

TABLE 22
Enrollment Data for FOCUS and Control Schools September 1968

FOCUS SCHOOLS

Grade	Rosemary Hills	Twinbrook	Lone Oak	Connecticut Park	Totals
K	74	196	110	92	472
1	75	182	117	84	458
2	63	176	102	103	444
3	74	158	105	114	451
4	71	170	103	129	473
Pre-K*	59	156	88	74	377
Totals	416	1038	625	596	2675

CONTROL SCHOOLS

Grade	Burtonsville	Weller Road	Totals
K	115	118	233
1	64	115	179
2	60	102	162
3	67	113	180
4	60	125	185
Pre-K*	92	96	188
Totals	458	669	1127

* Pre-K estimate is based on 80 per cent of present kindergarten enrollment.

The proposed approaches will involve the use of analysis of covariance or similar techniques which take account of the starting points for each pupil. Groups of FOCUS and control school pupils who are comparable in terms of initial scores and other characteristics will be compared in terms of final scores to determine whether the FOCUS intervention result in superior performance. Additionally, the analyses will be designed to show, insofar as group sizes permit, the results for different kinds of pupils where pupils differ in terms of age, sex, initial readiness, etc. Another analysis approach may be used to identify the tests or behaviors which contribute most to early identification and to show how accurately the data can be used to classify pupils who will have problems and those who will not have problems.

The systematic collection of evaluation data also can be made to serve another FOCUS objective--the development and validation of a screening program. Performance on each of the prereading or early reading skills tests can be related to subsequent test performance of the same child. This relationship provides a basis for predicting the performance of similar children in similar settings. The tests which bear most strongly on subsequent performance can be identified and incorporated in a screening or assessment battery, if desired. Thus an empirical basis for identifying children who will have difficulties is provided.

In addition, the value of checklists, rating scales, and shorter tests as predictors of academic success can be determined. The instruments which show most value can be retained, and poorer ones may be dropped or revised. In this case, the evaluation data, which take more time to collect and are more reliable, are used as a standard against which to judge the value of shorter tests or teacher judgments.

OBJECTIVE H: To Disseminate Findings of the Project Throughout the Schools and the Community

This objective will be met at a later time when such findings have been identified. The dissemination activities described under Item 5 in this report have opened up channels of communication in the community. Bridges built within the school system are described in the discussion of Objective E, "To coordinate the pilot project with the school system...."

In order to establish a working relationship with the local press to facilitate dissemination findings as they emerge, the communication specialist has applied for membership in the Montgomery County Press Association and has attended monthly meetings held by this group.

1. (b) Does not apply.

2. PROJECT ENDEAVORS IN WHICH RESULTS EXCEEDED OR FAILED TO MEASURE UP TO EXPECTATIONS

The objectives of Project FOCUS originally developed in the project proposal are both broad and ambitious. Although it is too early to make definite judgments as to the degree to which many of these objectives will be accomplished, there are some indications of areas that may exceed project expectations while there are also indications that there are areas which may require further modifications.

Acceptance by Parents and Students

It was recognized from the outset, that a very important determinant as to the effectiveness of Project FOCUS would be the manner in which it was accepted by both parents and students. While the project staff and school principals were generally optimistic about how the program would be received, the positive manner in which it has been accepted by parents and students far exceed expectations. Contact with parents at PTA meetings, as well as individual contacts with parents, indicates an overwhelmingly positive attitude toward the project and what it might accomplish for children. As far as students are concerned, those who have been involved in the initial assessment phase of the project have been eager to come to the FOCUS classrooms. The teaching teams have reported many instances where youngsters who have not been as yet a part of FOCUS have expressed an interest to participate in the activities of the FOCUS classroom. As a prime objective of the project is to work with youngsters in the absence of categorical labeling, the staff is most encouraged that the student view of the project seems to be positive rather than negative or suspicious.

Development of the Teaching Teams

Project FOCUS places in each of the selected schools a teaching team composed of professional personnel who, as outlined in the project proposal, have somewhat differentiated roles in instruction. In the characteristic elementary school, teachers work primarily by themselves with a specific group of children placed in their charge. It was recognized that if Project FOCUS was to realize its objectives the four members of the teaching team would need to develop a degree of cohesiveness and teamwork not generally needed in the typical elementary school. Although these teachers were hand picked with the belief that they could achieve this cohesiveness and further develop the roles to which they were assigned, their ability to achieve a team operation has exceeded staff expectations. The teaching teams have been able to approach the problem of assessing great numbers of children in a manner which has resulted in a high degree of utilization of their professional talents. In this process, they also have been able to identify the particular talents possessed by various team members and make provisions to apply these talents to the work of the teaching team.

Coordination of the Teaching Team With the Resource Staff

Project FOCUS involves school-based teaching teams and a centrally-based resource staff. In essence, the resource team is designed to support the teaching teams; but, at the same time, resource staff members have responsibility for major contributions to project objectives. From the outset, it was recognized that coordinating the work of the resource staff with that of the teaching teams would be a difficult objective to accomplish. This has proven to be a correct assumption. Perceptions of the roles of the resource staff have not always been interpreted similarly by resource staff personnel and members of the teaching teams. Clear identification of the services desired by the teaching teams has not always been possible. Communication to teaching team personnel of the less traditional roles that the resource staff is trying to implement also has been a problem. Considerable staff effort has gone into trying to develop greater consensus and greater understanding of how the two basic staff elements of the project can work together. Considerable progress has been made in this direction, but continued effort will need to be made during this second phase of the project.

Involvement of Classroom Teacher

If Project FOCUS is to make a difference in the schools in which it is working, then classroom teachers will have to be actively and meaningfully engaged in the work of the Project. Efforts to involve classroom teachers in both staff development activities and the day-to-day operation of the FOCUS classroom have been recounted earlier in this report. While there is evidence that classroom teachers are involved in FOCUS and are being affected by its operation in their schools, it is clearly evident that considerable effort will have to be expended by the total project staff if this objective is to be fully achieved. Although various techniques may be tried to bring about participation and involvement of the classroom teacher, it seems evident at this time that this objective will be achieved in the main through the daily contacts between classroom teachers, the FOCUS teaching team, and resource staff personnel. These contacts, built around developing instructional activities for particular children, hold the greatest promise for the development of positive and effective relationships between the FOCUS staff and classroom teachers.

Development and Administration of Screening

The project in its first phase has devoted a great deal of effort and attention to screening. At least for the first phase of the screening operation, it is possible to make some judgments regarding its effectiveness, as well as its short-comings.

The major problems involved in the development of an adequate and feasible screening procedure were inherent in the rapidity with which these procedures had to be instituted. The need to develop a rationale, select and field test appropriate instruments, orient teachers to their use, and administer and score the instruments in so brief a period forced the team into less desirable alternatives than would otherwise have been possible. Thus, it was sometimes necessary to choose a readily available instrument or one that could be quickly adapted rather than research and develop an optimum one. While the accuracy of the instruments used cannot be determined until the results have been analyzed, it seems appropriate to make some observations at this point.

The achievement testing was adversely affected because there was not enough time to test in all areas of achievement. Many of the children, who were not familiar with standardized tests, had insufficient time to prepare for such tests, that is, to become "test wise." There is some subjective evidence (teacher remarks) to indicate that the achievement tests finally chosen may have been too difficult for a large number of children in one of the schools. These deficiencies in the achievement testing must be remedied before the next screening.

However, several points are worth noting here. As a culmination to the screening activities, a series of conferences was held in each school following the administration of the screening tests. These conferences involved the classroom teacher, the principal, and the child development team. The immediate objective was to consolidate and share screening information about each child and afford an opportunity for the teacher and principal to participate in the decisions about the children who should be referred for project services.

It was anticipated that these conferences might be difficult to structure, be too time-consuming, and have too little value for the time and effort expended. However, results proved these conferences to exceed all expectations. The form developed to record screening information (Appendix H) yielded a profile of each child's needs in learning and related areas. The principal and classroom teacher became involved in the project procedures and gained a deeper understanding of the project processes and objectives than would otherwise have been possible. They felt involved in the decision-making and contributed vital background information about the children. They helped in the evaluation of the screening tests and procedures and suggested clarifications and improvements in terminology. The teacher was able to get a vignette of each child's needs and received feedback on the child's performance on the screening tests he had administered as well as on those given by team members. The conferences averaged 90 minutes per class in one school and somewhat below that time in another.

Another problem involved the feasible use of staff in gathering home background information. In the proposal for Project FOCUS, the case coordinator was assigned the task of holding a 15-minute interview with the parents of the children being screened. The purpose of this interview was to be two-fold. First, the interview was to be held for the purpose of gathering social, cultural, and behavioral background information on the child. Second this interview was a way for the parent to identify the case coordinator with Project FOCUS. Once the schools for the project were selected and the total school population was known, it became apparent that this one aspect of the screening would take approximately 20 to 26 weeks. As a result, the decision was made to have the case coordinator hold an interview, not to exceed five minutes, with the parents of only the pre-Kindergarten children. Parent reaction to the questionnaire during the interview was very positive.

However, in the school where parents of children in Kindergarten through Grade 3 received this same questionnaire by mail, fewer than one-third of the parents completed and returned them. The plan for personal interviews with parents of all children screened will have to modified.

One of the unexpected values derived from the speech and hearing screening was the effect that it had on the people administering the tests. Staff members involved in these activities indicated that it gave them new insights into the wide range of auditory organization of children at all age levels. For example, some of the pre-Kindergarten children were able to perform at the outside limits of the test while much older children struggled with the same material. People dealing with learning problems seldom get an opportunity to observe a full range of behaviors; and this provided an in-depth experience and made the numerous people involved, from student to veteran professional, better able to understand the individuality and scope of learning behavior.

The selection of materials for speech and language screening (Appendix B) was most useful to the therapist and students who gave the screening tests. Since the stimulus was on tape, the therapist was free to observe the behavior of the child and to write down observations as the test took place. Because of the nature of the digit memory test, it was necessary to repeat each set of digits and have the child repeat each set. This was time-consuming, but it also gave the child practice and made it possible for the therapist to observe how the child learned through auditory stimulation. It also provided a cut-off level that demonstrated that no matter how much practice was involved, the limits of the auditory memory span were definitely set. There was sufficient experience to test the limits and to observe attentional integrity.

One possible advantage that had not been anticipated was the discovery of a possible technique for determining the auditory learning ability of children with limited experience in English. It has been difficult in this school system, where there are many foreign students, to determine what their learning ability is because the language barrier has masked learning problems. It was observed that although some children who had very little English could repeat only the simple sentences, they were able to function at age level or above on digit memory. This could conceivably be a good predictor in multi-lingual cases. It appeared in case conferences that test results from this screening helped in suggesting causes of the problems the teachers were identifying. Subjective judgment indicates a successful gathering of significant data that will aid in planning programs for the children involved.

3. GREATEST CHANGE RESULTING FROM THE PROJECT

It seems evident at this phase of the project that the greatest change that has been effected is in the area of staff development. The fact that staff development or professional growth represents the most significant change effected in the project to date is understandable as a great deal of effort has been directed during this first phase toward the development of the staff's capability to achieve the project objectives.

Specifically, several activities and factors can be identified as contributing to the staff development or professional growth. First, the 51-day institute at the University of Maryland provided a concentrated, in-service experience for the diagnostic and prescriptive teachers. The institute was a full-time experience for these teachers, not an activity added to other responsibilities. In addition, the institute was designed specifically to equip these teachers to assume their responsibilities in the project.

There has been in the project the opportunity for teachers to work closely together with other teachers and professional personnel. It seems safe to conclude that the teachers on the teaching teams have had the opportunity to work in much closer proximity to other professional people than that which is usually accorded teachers operating in the typical, self-contained classroom. This has resulted in an exchange of ideas which has promoted the professional growth of all concerned.

The project has provided for a regularly scheduled seminar to help the teaching teams solve the instructional problems that they are meeting. The seminar has utilized not only the talents of the FOCUS staff but has brought in outside consultants to assist in solving problems that are identified by the teaching teams.

The teaching teams have had available to them many new materials, particularly in the diagnostic area. The availability of these materials has helped teachers gain new skills and techniques which are applicable to the children's learning needs.

In summary, the project has expended a great deal of effort during this first stage in trying to produce in the staff the kind of capabilities that will be needed to accomplish the objectives of the project. This effort was initiated with the concentrated institute experience and has been provided through follow-up through the seminar and other professional growth opportunities.

4. THE EFFECTS OF THE PROJECT ON THE COOPERATING AGENCIES

a) Several different kinds of community agencies cooperated with members of the project staff by providing information, literature, and personnel. Officers and members of the following community agencies were contacted to provide various kinds of project assistance:

Health Agencies

1. Maternal and Child Health Services, Montgomery County Health Department
2. Child Mental Health Services, Montgomery County Health Department
3. Division of Crippled Children, Maryland State Department of Health
4. Prevention of Blindness Society of Metropolitan Washington

5. Neurology Department, Children's Hospital of the District of Columbia
6. Department of Physical Education, University of Maryland
7. American Association of Physical Education, Health & Recreation
8. National Institutes of Health
9. School of Public Health, Johns Hopkins University
10. Children's Hospital, Washington, D.C.
11. Division of Health Examination Statistics, Department of Health, Education, and Welfare
12. Public Health Service, Department of Health, Education, and Welfare

Speech Agencies

13. Center for Applied Linguistics
14. Department of Speech and Hearing Science, University of Maryland

Government Agencies

15. O.E.O. Head Start Research
16. U. S. Office of Education, Department of Health, Education, and Welfare

Universities

17. Special Education Department, University of Maryland
18. Special Education Instructional Materials Center, The George Washington University
19. Catholic University

Libraries

20. The George Washington University Library
21. National Library of Medicine
22. National Institutes of Health Library
23. Catholic University Library
24. American University Library
25. National Educational Association Library

b) Nature and Results of Contact with Cooperating Agencies

Health Agencies

The agencies that have worked together for health services are most interested and enthusiastic about Project FOCUS. A prominent county pediatrician has heard about the project through his child's school and has volunteered his services. New procedures to give facility in referral and feedback are being worked out between the Montgomery County Health Department and the Project so that FOCUS will receive the full benefit of the evaluations that are done on students. Similar procedures are being planned for those students who will receive evaluations through private agencies or helping professions.

Several contacts were made with the Maternal and Child Health Services of the Montgomery County Health Department and other staff to plan and implement health evaluation and continue supervision of children whose problems were identified through screening. All health department physicians and Child Mental Health personnel staffing speciality clinics who will be involved in patient referrals from FOCUS met to discuss ideas for working with FOCUS referrals. The child psychiatrist consultant from Child Mental Health was contacted to discuss his future role with FOCUS.

A psychologist with the Montgomery County Health Department discussed screening at the pre-Kindergarten level. Interviews with several public health nurses and a physician from the Division of Child Mental Health in the Montgomery County Health Department helped produce Part I of the Parent Interview Questionnaire.

A speech and hearing consultant, Division of Crippled Children, Maryland State Department of Health, performed the audiometric testing of all pre-Kindergarten children and of all children in Grade 2 in both project schools (Appendix G).

The vision consultant of the Prevention of Blindness Society of Metropolitan Washington made a major contribution to the vision screening (Appendix E) by being responsible for testing the visual acuity of all children in the pre-Kindergarten registration. She made available sufficient copies of "Show and Tell Which Way the Fingers Point,"[1] a vision screening game, which was mailed to parents to help them prepare the pre-Kindergarten children for the vision screening (Appendix F). She also initiated a muscle balance test in the vision screening of all children pre-Kindergarten through Grade 3 in both project schools. This is the first time that a muscle balance test has been used in the Montgomery County Public Schools and may prove significant in establishing a relationship between eye muscle balance and reading difficulties.

A meeting was held with Dr. Mark Ozer of the Neurology Department, Children's Hospital of D. C. to discuss future plans for expanded vision screening and also some physical training for expanded neurological examination of FOCUS clinic patients.

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[1] Reprinted with permission from the Maryland Society for the Prevention of Blindness.

Both the Physical Education Department of the University of Maryland and the American Association of Physical Education, Health, & Recreation were contacted to find out what test materials were available in the area of gross motor ability for pre-Kindergarten children. Neither source could offer any assistance at the younger age levels.

Dr. Earl Schaefer at NIH gave permission to modify his Classroom Behavior Inventory for project use. He advised on alternative modifications of his instrument and on relevant research in this area. He is interested in Project FOCUS's experience with his modified instrument, and the staff plans to provide him with whatever data can be recovered for him. The second part of the questionnaire, "The Parent Observation of the Child," was a modification of a validated behavioral screening instrument designed by Dr. Schaefer.

Dr. Eli Bower of NIH also was consulted on screening for emotional problems, and Dr. Bower supplied the names of several people involved in such screening.

Dr. Paul Imre of the Johns Hopkins School of Public Health was contacted regarding a county-wide screening program (Rose County Study) designed to identify mentally retarded children. Dr. Imre mentioned a "Modified Vineland" and said that he would forward a copy of it.

Dr. Michael Deem, clinical psychologist at Children's Hospital, Washington, D. C., was consulted regarding general problems and techniques of assessment.

Mr. Arthur McDowell of the Division of Health Examination Statistics of the Department of Health, Education, and Welfare forwarded material describing a comprehensive screening program which was part of a population study. He also sent copies of various instruments used in this study.

Dr. Carl S. Schultz of the Department of Health, Education, and Welfare provided information about screening programs being conducted in various areas.

Speech Agencies

Consultations were held with staff at the Center for Applied Linguistics and with the speech, hearing, and language consultant of the Montgomery County Department of Public Health for help with the development of the screening instruments.

The University of Maryland Department of Speech and Hearing Science gave valuable service in supplying personnel who helped carry out the screening program. Advanced students in clinical practice and speech and hearing science assisted in the screening under the supervision of the Project's speech, language, and hearing specialist.

Government Agencies

Dr. Edith Grotberg of O. E. O., Head Start Research, sent material describing new instruments for measuring psychological, language, and other areas of preschool children. Dr. Fred North provided some general information on Head Start screening.

Dr. J. J. Gallager, associate commissioner for the education of handicapped, U. S. Office of Education, supplied the FOCUS staff with his Analysis of Teacher Classroom Strategies Associated with Student Cognitive and Affect Performance.

Universities

The Special Education faculty and staff at the University of Maryland who were involved in the 51-day in-service institute for the Project instructional staff held a number of pre-planning sessions with Project FOCUS personnel. As a result of these sessions, the sequence of lectures, activities, and related experiences was developed for the institute which was held April 3 to June 21, 1968. This Project Institute utilized personnel from community agencies as consultants. The primary interest was with the competencies of individual persons, rather than with the agency from which they came. Community agencies which cooperated in this respect include:

- University of Maryland
    - Medical School
    - Institute for Child Study
    - Department of Early Childhood-Elementary Education
    - Department of Secondary Education
    - Educational Technology Center
    - Department of Speech and Hearing Sciences

- Prince George's County, Maryland, Public Schools

- U. S. Office of Education, Bureau for the Education of the Handicapped

- Children's Hospital

The institute participants have been provided with a broad background of information from a variety of specific areas through this cooperation. See Appendix C for a complete list of consultants.

Dr. Jean R. Hebeler, head of Special Education, University of Maryland, consulted numerous times with the program specialist regarding the instructional program of the Project. Miss Jean Lokerson, fellow at the University of Maryland, consulted with the program specialist on revising the recording system.

The Special Education Instructional Materials Center of The George Washington University was called to make arrangements for project staff to attend the Evaluation of Materials workshop under their sponsorship and to secure permission to visit their center.

Dr. David Sabatino, professor in psychology and research at Catholic University, was invited as a consultant to the program specialist to provide additional help regarding diagnostic teaching, recording, and exploring the possibilities for a workshop for classroom teachers involved with the Project.

Libraries

A letter to secure inter-library loan privileges for the project was sent to The George Washington University Library, National Library of Medicine, National Institutes of Health Library, Catholic University Library, American University Library, and the National Educational Association Library.

c) Local Educational Agencies and Counties Served by the Project

Children from St. Mary's Elementary School in Rockville, Maryland, were examined during a practicum at the Neurological Institute co-sponsored by Project FOCUS and the Montgomery County Health Department.

5. DISSEMINATION OF INFORMATION

a) Approximately 106 unsolicited requests for information about the project were received. Staff has met with 18 school groups, 12 PTA groups, and 23 other community groups to explain Project FOCUS. Written material about Project FOCUS was sent in response to 81 requests.

b) There have been 20 visitors from outside the project area.

c) The parents of children in the project schools were sent letters introducing the Project. In the spring, a flyer was distributed to parents who brought children to school for pre-Kindergarten registration; and during the summer, a second flyer and letter was prepared and sent to parents whose children were participating in the program. An article on Project FOCUS appeared in the May 21, 1968, issue of the Superintendent's Bulletin, which is distributed weekly to each school employee. Another article has been submitted for publication to the School Board News, the quarterly newsletter of the Maryland Association of Boards of Education. A progress report was sent to the Board of Education of the Montgomery County Public Schools on June 10, 1968.

d) Plans were begun for long-range and short-range projects to disseminate information about Project FOCUS to the MCPS staff and the community at large. A scrapbook of news releases is being kept; and a visual, auditory, and written history of the project has been started. Newsletters and newspaper releases provide periodic information to the local staff and community. A brochure is planned for school and community distribution. Following the brochure's distribution, community groups will be contacted and offered informational programs. An audio-visual program is being developed for school and community use.

The dissemination of information is being aided by the project's graphic artist through the creation and development of illustrative material. The instructional materials specialist and the graphic artist are cooperating with the program specialist in developing a pictorial accompaniment for the history of the work of the diagnostic and prescriptive teaching team.

Copies of the dissemination materials cited in this section and detailed lists of other dissemination activities are included in Appendix F.

The cost of these information releases is based on expenses for materials and printing. It is estimated that at the date of this report, dissemination costs total $300.

6. PLANS FOR FUNDING THE PROJECT AFTER FEDERAL ASSISTANCE IS TERMINATED

Broad understanding and acceptance of Project FOCUS is thought to be the best foundation on which future financial support can be built within the school system and in the community at large. Any activities which lead to the cooperation and integration of the pilot project with the school system and community serve to build this foundation. Dissemination of information within the school system and in the community also is planned with this long-range view in mind.

In developing screening, diagnostic, and evaluation strategies, organizational and economic feasibility for diffusion into the school system is being considered. The project staff plans to share the failures and limitations of the project as enthusiastically as the successes. Through demonstrating an effective and economically feasible program to an informed and receptive audience, the Project staff plans to gain school and public support.

PART III - FINANCIAL

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

BUDGET BUREAU NO. 51-R0570
APPROVAL EXPIRES: 6/30/69

PROPOSED BUDGET SUMMARY/EXPENDITURE REPORT OF FEDERAL FUNDS

Title III, Elementary and Secondary Education Act of 1965 - Supplementary Centers and Services Program

(NOTE: Please read the attached instructions before completing this form)

NAME AND ADDRESS OF AGENCY:
Montgomery County Public Schools
Educational Services Center
850 North Washington Street
Rockville, Maryland 20850

PROJECT NUMBER: 68-05146-0

GRANT NUMBER: OEG-0-8-051460-2834

STATE: Maryland

PART I – EXPENDITURES *(other than construction)*

(Check One) ☐ PROPOSED BUDGET SUMMARY (ATTACH DETAIL SCHEDULES) ☒ ESTIMATED EXPENDITURE REPORT ☐ FINAL EXPENDITURE REPORT

BUDGET PERIOD (MONTH, DAY, & YEAR) BEG: 3/1/68 END: 12/31/68

	EXPENDITURE ACCOUNTS		EXPENSE CLASSIFICATION								
			SALARIES								
	FUNCTIONAL CLASSIFICATION	ACC'T NO.	PROFESSIONAL	NON-PROFESSIONAL	CONTRACTED SERVICES	MATERIALS AND SUPPLIES	TRAVEL	EQUIPMENT	OTHER EXPENSES	TOTAL EXPENDITURES	NEGOTIATED BUDGET
	1	2	3	4	5	6	7	8	9	10	11
1	ADMINISTRATION	100	$ 21,242.66	$	$	$ 374.37	$ 376.15	$	$	$21,993.18 *	$16,317.00
2	INSTRUCTION	200	208,137.79		12,241.35	11,108.28	4,390.12			235,877.54 *	225,805.00
3	ATTENDANCE SERVICES	300									
4	HEALTH SERVICES	400	12,277.55				321.17			12,598.72	23,545.00
5	PUPIL TRANSPORTATION SERVICES	500									4,808.00
6	OPERATION OF PLANT	600							2,214.11	2,214.11	1,973.00
7	MAINTENANCE OF PLANT	700									
8	FIXED CHARGES	800	15,487.69							15,487.69	27,481.00
9	FOOD SERVICES	900									
10	STUDENT-BODY ACTIVITIES	1000									
11	COMMUNITY SERVICES	1100									
12	REMODELING (IF COSTS TOTAL MORE THAN $2000 ENTER IN PART II)	1220c									
13	CAPITAL OUTLAY (EQUIPMENT ONLY)	1230						25,755.25		25,755.25	27,352.00
14	TOTAL →		$ 257,145.69	$	$ 12,241.35	$ 11,482.65	$ 5,087.44	$ 25,755.25	$ 2,214.11	$ 313,926.49 **	$ 327,281.00
15	NEGOTIATED BUDGET →		$ 246,573.00	$	$ 27,880.00	$ 13,815.00	$ 8,308.00	$ 27,352.00	$ 3,353.00	xxxxxxxxxxxxxx	$ 327,281.00

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*Permission granted to transfer funds to balance accounts overexpended during extension period.
**Additional disbursements yet to be made.

PART II – CONSTRUCTION EXPENDITURES

(Check One)
☐ PROPOSED BUDGET SUMMARY
☐ ESTIMATED EXPENDITURE REPORT
☐ FINAL EXPENDITURE REPORT

BUDGET PERIOD (Month, Day, & Year)
BEGINNING:
ENDING:

	EXPENDITURE ACCOUNTS		ACC'T NUMBER	AMOUNT	NEGOTIATED BUDGET
	1		2	3	4
1	SITES				
	A	PROFESSIONAL SERVICES	1210a	$	$
	B	IMPROVEMENT TO SITES	1210c		
2	BUILDINGS				
	A	PROFESSIONAL SERVICES	1220a		
	B	NEW BUILDINGS AND BUILDING ADDITIONS	1220b		
	C	REMODELING (IF $2,000 OR LESS ENTER IN PART I)	1220c		
3	ADMINISTRATIVE EXPENSES (Specify below)		1220		
	A				
	B				
4	LEASING OF FACILITIES				
5	TOTAL →			$	$

PART III – SUMMARY - AUTHORIZATIONS, EXPENDITURES, AND BALANCES OF TITLE III ESEA FUNDS

BUDGET PERIOD (Month, Day, and Year)
BEGINNING: 3/1/68 ENDING: 12/31/68

☒ ESTIMATED EXPENDITURE REPORT
☐ FINAL EXPENDITURE REPORT

	ITEMS			PART I - EXPENDITURES OTHER THAN CONSTRUCTION	PART II CONSTRUCTION EXPENDITURES	TOTAL
	1			2	3	4
1	AMOUNT AUTHORIZED FOR EXPENDITURE FOR BUDGET PERIOD SHOWN ABOVE →			327,281.00		327,281.00
	A	UNEXPENDED FUNDS FROM GRANT AWARDED FOR PRIOR BUDGET PERIOD	$ 327,281.00			
	B	APPROVED GRANT AWARD FOR BUDGET PERIOD SHOWN ABOVE	$ 327,281.00			
	C	TOTAL FUNDS AUTHORIZED FOR BUDGET PERIOD ABOVE (SAME AS ITEM 1, COL. 4)	$			
2	EXPENDITURES DURING BUDGET PERIOD SHOWN ABOVE →			313,926.49		313,926.49
3	UNEXPENDED BALANCE OF FUNDS AUTHORIZED FOR EXPENDITURE DURING BUDGET PERIOD SHOWN ABOVE (ITEM 1 MINUS ITEM 2) →			13,354.51		13,354.51

PART IV – CUMULATIVE TOTALS - GRANT AWARDS AND CASH RECEIVED SINCE INCEPTION OF PROJECT

	ITEMS	CUMULATIVE TOTAL TO DATE
1	GRANT AWARDS	
2	CASH RECEIVED	

THIS FISCAL REPORT IS CORRECT AND THE EXPENDITURES INCLUDED HEREIN ARE DEEMED PROPERLY CHARGEABLE TO THE GRANT AWARD.

SIGNATURE OF PROJECT FISCAL OFFICER	DATE
SIGNATURE OF PROJECT DIRECTOR	DATE

FOR OFFICE OF EDUCATION USE ONLY

ACCOUNTING DATA

R T (1)	MAC. NO. (2)	F Y (3)	BATCH NO. (4-7)	COMMON ACCOUNTING NUMBER (8-15)	EFF DATE (16-18)	OBLIGATION NUMBER (19-33)	TRANS. CODE (34-36)	AMOUNT (Dollars & Cents) (37-48)	NEG. SYM (49)	OBJECT CLASS (50-53)	VENDOR NUMBER (54-65)

VOUCHER SCHEDULE NUMBER (66-71)	GOVT. NON-GOVT. (72)	PROGRAM CODES SCI/NON-SCI (73-74)	PROGRAM CODES BAL PAY (75-76)	CNTRL FUND (77)	REC COUNT (78-80)	APPROPRIATION SYMBOL	ALLOTMENT NUMBER	P P B NUMBER

PROPOSED BUDGET SUMMARY/
EXPENDITURE REPORT OF FEDERAL FUNDS
TITLE III - ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965
SUPPLEMENTARY CENTERS AND SERVICES PROGRAM

INSTRUCTIONS

This form has been designed to serve two major purposes -- to summarize proposed budgets and to report estimated or actual expenditures. As a budget summary, the form is submitted with initial applications and with each continuation grant application. As an expenditure report, the form is submitted as part of continuation grant applications and end of budget period reports. Because of the dual nature of the form, it is very important that the purpose of the entries be identified in the boxes provided in Parts I, II, and III. Detailed instructions re the completion of the form are presented below. Definitions of terms asterisked (*) will be found in the Guidelines.

PROPOSED BUDGET SUMMARY (See other instructions for EXPENDITURE REPORT)

General

1. Initial Application - For project periods* exceeding 12 months, a budget summary must be prepared for each budget period* of project activity. A project proposed for the maximum project period (three years) thus requires at least three budget summaries.

   The dates of each budget period and the totals of the amounts shown in Part I, Column 10, line 14 and Part II, Column 3, line 5 for each period must also be recorded in Section B of Form OE-4381, ESEA Title III Statistical Data.

2. Continuation Application - For continuation grant applications, a proposed budget summary for only the next phase of project activity will be prepared. This will serve to update budget information furnished with the initial application. Entries in Section B, Form OE-4381, ESEA Title III Statistical Data for (a) beginning and ending date, and (b) funds requested must correspond, respectively, with (a) the budget period beginning and ending date of the budget summary, and (b) the totals of line 14, Column 10 of Part I and line 5, Column 3 of Part II. These entries will be made in Items 1B or 1C of Section B depending on whether the application is for the first or second continuation grant*.

How to Complete the Form

Project Number
Leave blank if initial application. If continuation grant application, report the number of the project as shown on the Notification of Grant Award.

Grant Number
Leave blank.

State
Enter the name of State.

PART I EXPENDITURES (other than construction)

Check the box "Proposed Budget Summary" and show the beginning and ending date of the period for which the budgeted expenditures summarized in Part I are proposed.

Proposed ESEA Title III expenditures must be categorized in accordance with the functional classification of standard expenditure accounts in OE-22017, "Functional Accounting for Local and State School Systems" (lines 1 through 13). The total dollar amounts (no cents) for each classification are to be recorded in column 10, with subtotals indicated in appropriate expense classification columns (columns 3 through 9). Proposed expenditures for purchase of equipment will be shown in expense classification column 8, functional account 1230. Record equipment rental expenditures in expense classification column 9 of the appropriate functional account. No entries should be made in line 15 or column 11.

Supplementary Schedules
Prepare a supplementary schedule for each functional expenditure account (i.e. 100, 200, 300, etc.) for which expenditures are budgeted. The purpose of these schedules is to show what estimated costs were included in each entry, and the basis for each cost estimate. Examples of these schedules are shown below. Please note the following in preparing these schedules:

1. Salaries -Proposed expenditures for salaries of project personnel must detail the names of professionals and basis for the cost (annual, monthly, or hourly rate; amount of time to be devoted to the project). The detail of fringe benefit amounts is to be entered in the schedule for Expenditure Account Number 800.

2. Consultants - Proposed expenditures for consultants must show the number of days, the daily fee, and per diem estimates. List names of consultants whenever possible. In a footnote state whether rates are in accordance with generally accepted schedules and justify any material difference.

3. Travel - List local travel and basis for calculation separately from special trips. The number, destination, and average cost must be specified for special trips.

4. Equipment - Include in the schedule of proposed equipment purchases a rental cost comparison based on the anticipated project period.

EXPENDITURE ACCOUNT NO. 100 - Administration

Expense Class	Name & Title, Purpose, or Item	Project Time		Quantity	Salary, Rental or Unit Cost	Budgeted Amount
		Full	Part			
Materials and Supplies						
	Bond Paper			20 reams	@1.70	$ 34.00
	Envelopes #6			2 boxes	@ .98	1.96
	Envelopes #10			2 boxes	@1.54	3.08
	Onion Skin Paper			2 reams	@1.30	2.60
	Mimeograph Paper			100 reams	@ .71	71.00
	Stencils			20 quires	@1.64	32.80
	Carbon Paper			5 boxes	@3.47	17.35
					Total Budgeted Amount	$ 162.79

EXPENDITURE ACCOUNT NO. 200 - Instruction

Expense Class	Name & Title, Purpose, or Item	Project Time		Quantity	Salary, Rental or Unit Cost	Budgeted Amount
		Full	Part			
Salaries						
Professional						
	Doe, James, Project Director	x			$12,000.00	$12,000.00
	Roe, George, Humanities and Area Studies Program Director		½		9,000.00	4,500.00
	Smith, Joe, Curriculum Supervisor	x			8,500.00	8,500.00
	Thomas, Ray, Guidance Counselor	x			8,500.00	8,500.00
Non-professional						
	Stenotypist	x			4,000.00	4,000.00
	Stenotypist (Supplementary Educational Centers Training Program)		5 da.		@ 32.00	160.00

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EXPENDITURE ACCOUNT NO. 200 - Instruction--Continued

Expense Class	Name & Title, Purpose, or Item	Project Time		Quantity	Salary, Rental or Unit Cost	Budgeted Amount
		Full	Part			
Contracted Services						
	Baker, Abel, consultant		5 da.		@ 50.00[1]	$ 250.00
	Fox, Charlie, consultant		"		" "	250.00
	Howe, George, consultant		"		" "	250.00
	Jigg, Ida, consultant		"		" "	250.00
	Shugar, Rodger, consultant		"		" "	250.00
Materials & Supplies						
	Library Materials books and professional magazines			12 mos	@ 60.00	$ 720.00
Travel						
	Local travel			900 miles	@ .10	$ 90.00
	Conference					
	2 days; 30 partic.					
	Travel			5,000 miles	@ .10	500.00
	Per diem			60 days	@ 10.00	600.00
	Special trips (Washington & ret.)			2	@ 100.00	200.00
	Consultants					
	Travel			5,000 miles	@ .10	500.00
	Per diem			25 days	@ 10.00	250.00
Other Expenses						
	Mimeograph Machine[2]			12 mos.	@ 9.00 per month	108.00
					Total Budgeted Amount	41,878.00

[1] These rates are in accordance with generally accepted schedules.
[2] Purchase Cost $600.00. Rental Cost, Project Period $324.

EXPENDITURE ACCOUNT NO. 800 - Fixed Charges

Expense Class	Name & Title, Purpose, or Item	Project Time		Quantity	Salary, Rental or Unit Cost	Budgeted Amount
		Full	Part			
Salaries (Fringe Benefits)						
Professional						
	1. Social Security 5%					$ 1,675.00
	2. Pension 6%					2,010.00
	3. Workmen's Compensation 2%					670.00
Non-professional						
	1. Social Security 5%					208.00
	2. Workmen's Compensation 2%					83.20
Contracted Services						
	Rental of space to house the project. This space will be rented from a private source and the management and rental of the space will have no connection with that of the public school system			12 mos.	200.00	2,400.00
					Total Budgeted Amount	$ 7,046.20

EXPENDITURE ACCOUNT NO. 1230 - Capital Outlay (Equipment Only)[1]

Description of Item	Quantity	Unit Rental Cost per month	Project Period Rental Cost	Unit Purchase Cost	Total Cost
Double pedestal desks	2	$5.00	$360.00	$156.00	$312.00
Swivel chairs	2	2.50	180.00	58.00	116.00
Secretarial desks	2	5.50	396.00	185.00	370.00
Steno chairs	2	1.00	72.00	25.00	50.00
Dictating machine	1	8.00	288.00	249.00	249.00
				Total Budgeted Amount	$1,097.00

[1] This schedule should include such items as teaching machines, furniture, machinery, vehicles, TV, film and slide projectors, etc., but not materials such as textbooks, films, records, library materials, and teaching supplies, which are covered in other expenditure accounts (200, 300, and 400).

PART II CONSTRUCTION EXPENDITURES

Check the box for Proposed Budget Summary. Enter the beginning and ending dates of the period for which information is being provided.

Record the dollar amounts of proposed ESEA Title III expenditures in lines 1 through 4, where applicable. Refer to OE-22017 for information re classification of expenditure accounts. Entries in line 3 should reflect only administrative costs attributable to the construction proposed in this Part, and only those costs for persons not regularly employed by the applicant. No entries should be made in column 4.

Supplementary Schedules

Expenditure Accounts 1210a and 1220a require Supplementary Schedules.

Identify the Architect and Engineering (A and E) Fee, if any, separately in those schedules. In a footnote to the Schedule indicate the prevailing local A and E fee for new construction or remodeling.

PART III SUMMARY - AUTHORIZATIONS, EXPENDITURES, AND BALANCES OF TITLE III, ESEA FUNDS and PART IV CUMULATIVE TOTALS - GRANT AWARDS AND CASH RECEIVED SINCE INCEPTION OF PROJECT

No entries should be made in these Parts.

(over)

EXPENDITURE REPORT OF FEDERAL FUNDS

General

1. Estimated Expenditure Report - A report of estimated expenditures of funds authorized for the current budget period is required as part of an application for funding of a succeeding budget period. Continuation applications with Estimated Expenditure Report must be submitted to arrive 60 days prior to the end of the budget period.
2. Final Expenditure Reports - A final report of expenditures of funds authorized for expenditure during a budget period must be filed within 90 days after the end of each budget period. To qualify for Federal participation, all obligations must be liquidated within 90 days after the ending date of the period specified in the grant award document. Reported expenditures must be recorded on the official accounting records maintained for the project grant.

How to Complete the Form

Enter the Project Number, Grant Number, and the name of the State.

PART I EXPENDITURES (other than construction)

Check the appropriate box to indicate whether the report is Estimated or Final and show the beginning and ending date of the budget period for which a report of expenditures is being made. The dates entered for the budget period should agree with the dates shown on the Notification of Grant Award.

Expenditures should be classified according to function, as specified in OE-22017, "Financial Accounting for Local and State School Systems" (lines 1 through 13), and entered in the appropriate expense classification column. For Estimated Expenditure Report, entries should include actual expenditures (disbursements and unliquidated obligations) from the beginning date of the budget period to the date the continuation application is submitted plus your best estimate of expenditures that will be incurred from the date of the request to the end of the budget period. For Final Expenditure Report include disbursements during the budget period plus obligations incurred during the period and liquidated within 90 days after the end of the budget period.

Enter totals of expenditure accounts in column 10, and in line 14. Complete line 15 and column 11 using information from negotiated grant budget.

PART II CONSTRUCTION EXPENDITURES

Identify (1) the type of report and (2) the beginning and ending dates of the budget period for which expenditures are being reported. The dates entered for the budget period should agree with the dates shown on the grant award.

Expenditures for categories included in the approved construction budget will be reflected in this report. For Estimated Expenditure Report enter actual expenditures (disbursements and unliquidated obligations) from the beginning date of the budget period to the date the continuation request is submitted, plus your best estimate of expenditures that will be incurred from the date of the request to the end of the budget period. For Final Expenditure Report include disbursements during the budget period plus obligations incurred during the period and liquidated within 90 days after the end of the budget period.

PART III SUMMARY - AUTHORIZATIONS, EXPENDITURES, AND BALANCES OF TITLE III, ESEA FUNDS

Show dates of budget period for which report is being made and indicate whether the report is Estimated or Final by checkmark in the appropriate box.

1. Amount Authorized for Expenditure - Record in columns 2 and 3 respectively the amounts authorized for Expenditures (other than construction) and Construction expenditures, as shown in the negotiated budget for the period and recorded on line 15, column 11 of PART I and line 5, column 4 of PART II. Show in column 4 the total of these two entries. Note: The amount shown in column 4 must agree with the total amount authorized for expenditure in the Notification of Grant Award for this budget period.

   Complete lines 1A, 1B, and 1C from information contained in the Notification of Grant Award for this budget period. For periods subsequent to the initial budget period, entries in these lines should reflect adjusted amounts. (See 3 below)

2. Expenditures During Budget Period - Indicate in columns 2 and 3, respectively, the total expenditures reported on line 14, column 10 of PART I and on line 5, column 3 of PART II. Column 4 will reflect the total expenditures for the budget period.
3. Unexpended Balance of Funds - The differences between amounts authorized for expenditure and (a) estimated expenditures (Estimated Expenditure Report), or (b) final expenditures (Final Expenditure Report) will be shown on this line. Unexpended balances of funds will be disposed of as follows:
   - A. Continuation Grants: If satisfactory progress is being made toward the accomplishment of project goals, authorization will be given to utilize the unexpended balance of grant awarded for the prior budget period for activities of the succeeding budget period. The amount awarded for the succeeding period will be the difference between the total negotiated cost of activities for the period and the estimated unexpended balance of funds remaining from the prior period. Upon receipt of the final report of expenditures for a budget period, the award for the succeeding period will be adjusted in accordance with any differences between estimated and actual expenditures.
   - B. Termination of Project: Upon completion of a project, any unexpended balance of Title III ESEA funds shall be returned to the Office of Education. (In the event Federal cash received for the final period does not equal the amount authorized for expenditure, the amount refunded should be the difference between Federal cash received and expended for the final period.) Make checks payable to the Office of Education, and identify program and grant number.

PART IV CUMULATIVE TOTALS - GRANT AWARDS AND CASH RECEIVED SINCE INCEPTION OF PROJECT

Complete only for Final Expenditure Report for budget period. Enter on line 1 the cumulative total of amounts awarded (as distinguished from amounts authorized for expenditure) for the project. Show in line 2 the cumulative total of cash received from the U.S. Office of Education for the project.

. . . .

Signatures of Project Fiscal Officer and Project Director - Proposed Budget Summaries and Estimated/Final Expenditure Reports must be signed by both officials before they can be accepted by the U.S. Office of Education.

Submitting Completed Forms - See PACE Guidelines for instructions re the submission of Proposed Budget Summaries and Expenditure Reports.

*U. S. GOVERNMENT PRINTING OFFICE : 1968 O - 317-099

APPENDICES

A - ORGANIZATION AND STAFF

B - IDENTIFICATION PROCEDURES

C - STAFF DEVELOPMENT

D - COORDINATION OF PROJECT WITH SCHOOL SYSTEM AND COMMUNITY

E - CONTACT WITH COOPERATING AGENCIES

F - DISSEMINATION

G - LETTERS OF COMMENDATION

H - RECORD SYSTEM

I - EVALUATION

APPENDIX A

ORGANIZATION AND STAFF

APPENDIX A

NUMBER OF STAFF APPLICANTS, INTERVIEWS, AND APPOINTMENTS FOR PROJECT FOCUS

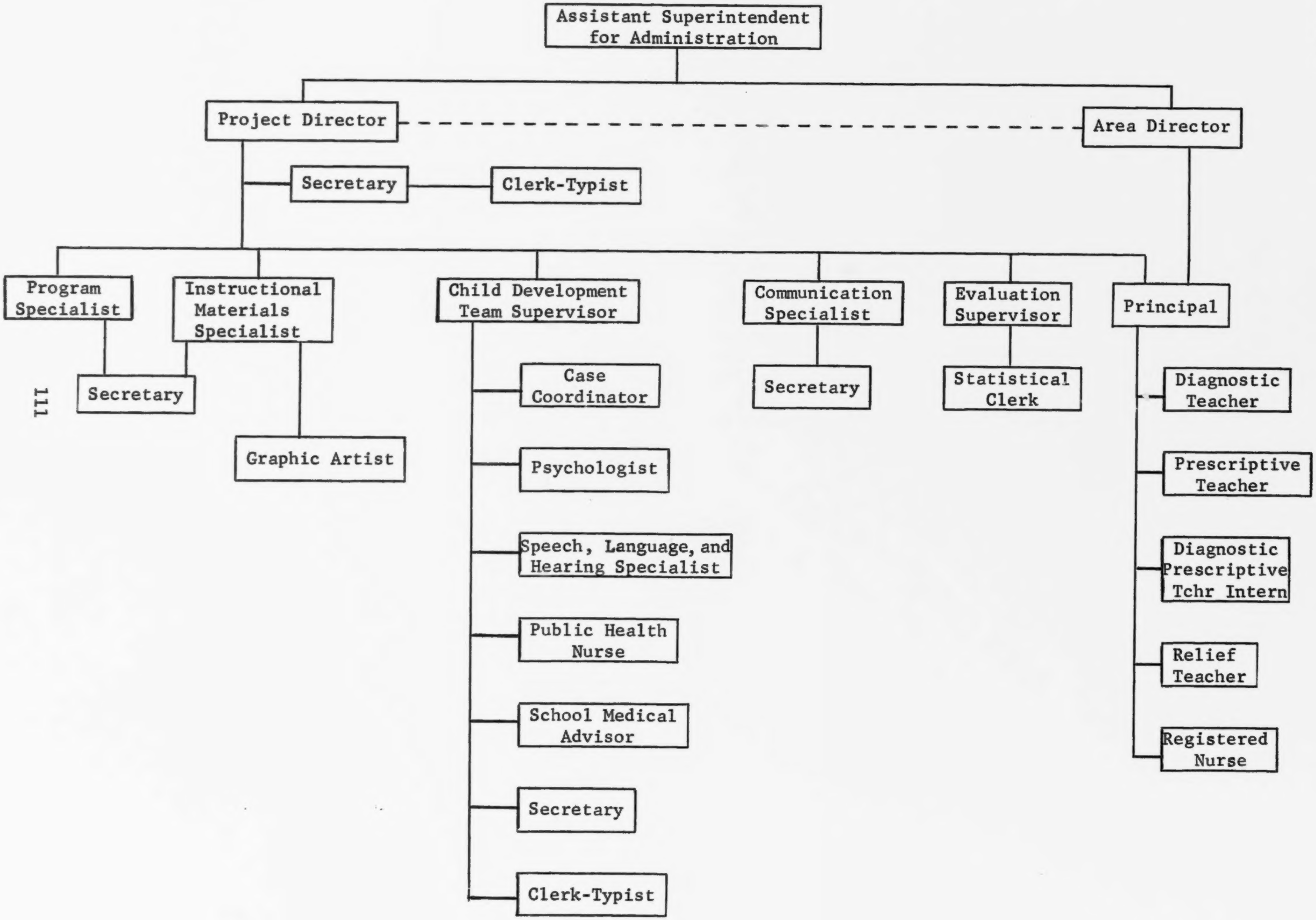
	Positions	Applicants	Interviews	Appointments	Openings
Diagnostic (4) and Prescriptive (4) Teachers Diagnostic-Prescriptive Teacher Intern (4)	12	49	40	12	0
Speech, Language, and Hearing Specialist	1	5	4	1	0
Relief Teacher	4	15	15	4	0
Resource Staff	7	68	50	7	0
Graphic Artist	1	2	1	1	0
Secretary	4	7	7	4	0
Statistical Clerk	1	8	8	1	0
Clerk-Typist	3	5	5	2	1
Teacher Assistant	4	Not filled during first phase			4
Totals	37	159	130	32	5

Public health nurse, registered nurses (4), and half-time medical advisor have been appointed by the Health Department.

Project director who has been involved in the recruitment, selection, and orientation processes for all staff was appointed effective March 1, 1968. New project director appointed August 5, 1968, effective October 1, 1968.

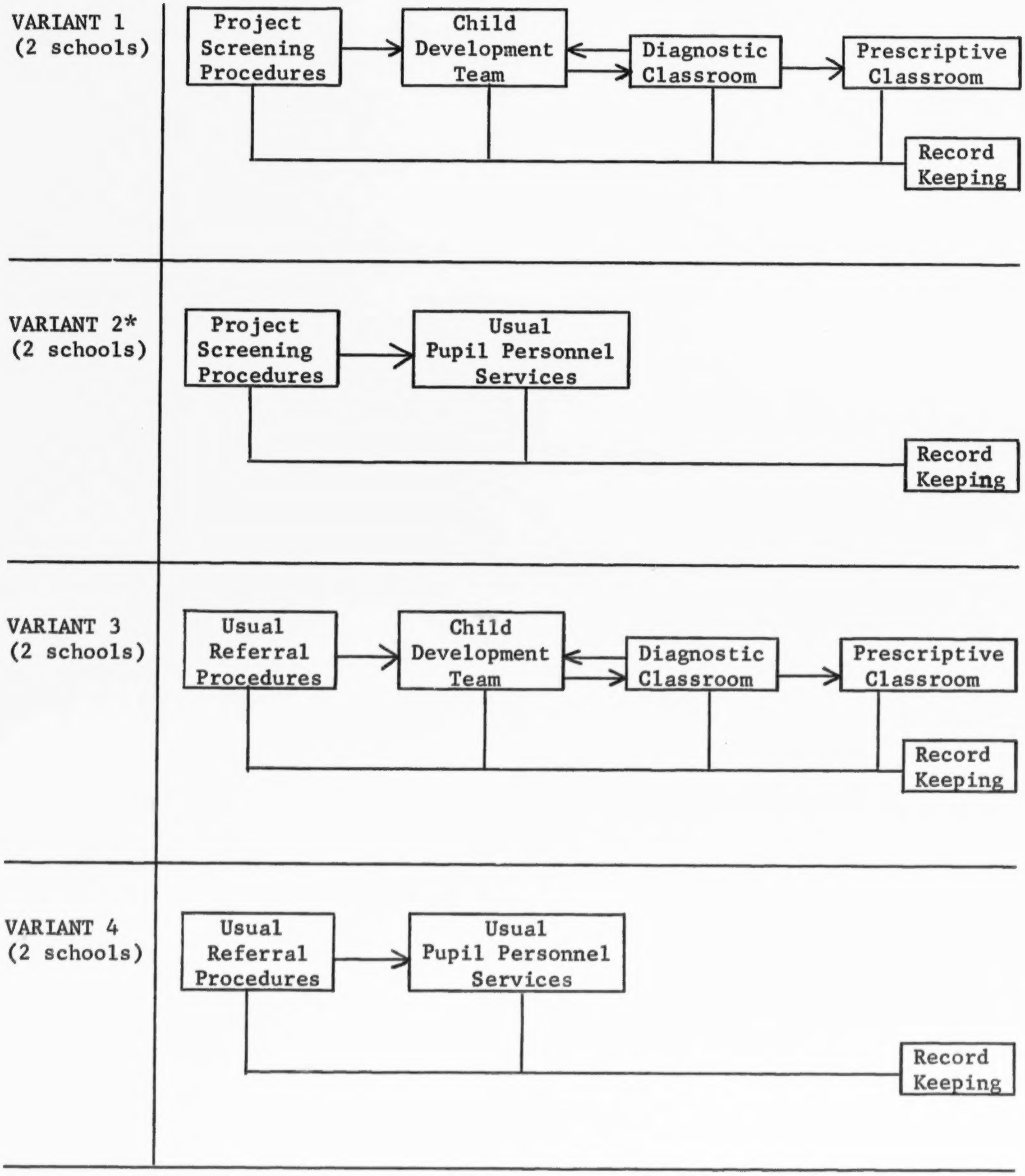
APPENDIX A

PROJECT FOCUS ORGANIZATIONAL CHART


Assistant Superintendent for Administration
Project Director
Area Director
Secretary
Clerk-Typist
Program Specialist
Instructional Materials Specialist
Child Development Team Supervisor
Communication Specialist
Evaluation Supervisor
Principal
Secretary
Graphic Artist
Case Coordinator
Psychologist
Speech, Language, and Hearing Specialist
Public Health Nurse
School Medical Advisor
Secretary
Clerk-Typist
Secretary
Statistical Clerk
Diagnostic Teacher
Prescriptive Teacher
Diagnostic Prescriptive Tchr Intern
Relief Teacher
Registered Nurse

APPENDIX A

VARIANTS AS INCLUDED IN THE ORIGINAL PROPOSAL FOR DIFFERENT SCHOOLS


VARIANT 1
(2 schools)
Project Screening Procedures
Child Development Team
Diagnostic Classroom
Prescriptive Classroom
Record Keeping
VARIANT 2*
(2 schools)
Project Screening Procedures
Usual Pupil Personnel Services
Record Keeping
VARIANT 3
(2 schools)
Usual Referral Procedures
Child Development Team
Diagnostic Classroom
Prescriptive Classroom
Record Keeping
VARIANT 4
(2 schools)
Usual Referral Procedures
Usual Pupil Personnel Services
Record Keeping

*Variant 2, which involved screening and turning the data over to schools with the usual pupil personnel services, has been dropped pending interim validation of screening procedures.

APPENDIX B

IDENTIFICATION PROCEDURES

LIST OF SCREENING INSTRUMENTS FOR PROJECT FOCUS

APPENDIX B

LIST OF SCREENING INSTRUMENTS FOR PROJECT FOCUS

Registration Form (for pre-Kindergarten only)

F01 - Speech Screening Form

F02 - Speech Screening Summary Data Form

F03 - Classroom Behavior Inventory

F04 - Gross Motor Abilities Test
Directions for Gross Motor Abilities Test

F05 - Gross Motor Abilities Test - Kindergarten
Directions for Gross Motor Abilities Test - Kindergarten

F06 - Gross Motor Abilities Test - Grade 1
Directions for Gross Motor Abilities Test - Grade 1

F07 - Gross Motor Abilities Test - Grade 2 & 3
Directions for Gross Motor Abilities Test - Grade 2 & 3

F08 - Teacher Checklist

F09 - Draw-A-Man; Copy forms; Pencil Grip
Instructions for Draw-A-Man

F10 - Health Data Summary Sheet
Guide for Using Health Data Summary Sheet

F11 - Parent Observation of Child's Behavior

F12 - Teacher Health Observation Report
Guide for Use of Teacher Health Observation Report

F13 - Draw-A-Man Score Sheet

F14 - Informational Background of Child

F15 - Nurse Interview - Part I
Speech and Hearing Screening
Directions for Speech and Hearing Screening
ITPA Auditory-Vocal Sequencing Test

F16 - Teacher Referrals Prior to Screening

F17 - Standardized Achievement Test Scores

F18 - Pupil Case Conference Record

F19 - Standardized Achievement Test Scores for Iowa Test of Basic Skills

ROUTING SLIP FOR PRE-KINDERGARTEN SCREENING

APPENDIX B

PROJECT FOCUS

Parent: Please keep this with you and turn in after registration has been completed.

______________________________ _______________________
Child's Last Name First Name

Please check after youngster has been seen by the following:

- ☐ REGISTRAR
- ☐ PUBLIC HEALTH NURSE
- ☐ VISION TECHNICIAN
  - ☐ a. To have vision recheck
  - ☐ b. Vision recheck done
- ☐ HEARING TECHNICIAN
  - ☐ a. To have hearing recheck
  - ☐ b. Hearing recheck done
- ☐ SPEECH THERAPIST
- ☐ CASE COORDINATOR
  - ☐ a. Complete questionnaire
  - ☐ b. Interview
- ☐ KINDERGARTEN TEACHER
- ☐ CHECK OUT TABLE

SPEECH SCREENING TEST AND INSTRUCTIONS

APPENDIX B

PROJECT FOCUS		SPEECH SCREENING, Pre-Kindergarten - Grade 3						May 1968
(1-6) Number	(7-9) Form F01	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	(35-40) Birth Month Day Year 19__	(41) Sex (circle) M F	(42-44) School #	(45) Grade	(46) Section

SENTENCE REPETITION	ERRORS			DIGIT REPETITION		
	Max	#	Score		Trial 1	 2
					Score	
A. My house.	0					
B. Cows are big.	0		0 1			
C. We sleep at night.	1		0 1 2			
1. Mary has a red coat.	1		0 1 2			
2. The bad dog ran after the cat.	1		0 1 2	1. 1-2	2	1
3. Tom found three blue eggs in his birdhouse.	1		0 1 2	2. 9-6	2	1
				3. 5-2-1	2	1
4. Susie has two dolls and a brown teddy bear.	1		0 1 2	4. 6-8-9	2	1
				5. 9-7-6	2	1
5. It is very nice to go to a camp in the summertime.	2		0 1 2 3	6. 4-3-4	2	1
				7. 6-6-1-1	2	1
6. Peter would like to have new boots and a cowboy suit.	2		0 1 2 3	8. 6-3-5-8	2	1
				9. 4-4-2-4	2	1
7. Eating too much candy and ice cream can give you a stomachache.	3		0 1 2 3 4	10. 5-7-4-5	2	1
				11. 2-5-4-9-9	2	1
8. The heavy rain which fell last night made many buses late for school.	3		0 1 2 3 4	12. 6-1-6-3-7	2	1
				13. 4-5-9-1-4	2	1
				14. 9-1-7-5-3-3	2	1
9. The price of shoes and winter clothing is not as high as it was last year.	3		0 1 2 3 4	15. 8-9-6-3-4-8	2	1
				16. 6-3-9-7-3-5	2	1
				17. 6-9-2-8-7-9	2	1
10. Next Monday our class will visit the zoo. Bring your lunch and be sure to be on time.	3		0 1 2 3 4	18. 3-8-9-1-7-5-5	2	1
				19. 6-4-5-5-8-5-1	2	1
				20. 8-2-9-4-7-5-3	2	1
Comments:	(47-48) Raw Score			Raw Score	(55-56)	
Therapist's Recommendation:	(49-50) Scale Score			Language Age-Mos.	(57-58)	
	Not Testable(51) (check)			Not Testable (check)	(59)	
Signature:	(52-54) Test Age Mo.			(60) Referral	Yes No 1 2	

APPENDIX B

PROJECT FOCUS		SUMMARY DATA CARD - SPEECH SCREENING							May 1968
(1-6) Number	(7-9) Form F02	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	Birth Month Day Year 19__	Sex (circle) M F	School #	Grade	Section

INSTRUCTIONS: Use check marks to indicate judgments. Please make a check for each area.

(35)____No response

INTELLIGIBILITY

(36)____1. Completely intelligible
(37)____2. Intelligible but has errors in articulation
(38)____3. Intelligible except for an occasional word
(39)____4. Intelligible only if subject is known
(40)____5. Completely unintelligible

ARTICULATION

(41)____1. Correct
(42)____2. Appears suitable for age
(43)____3. Distortions
(44)____4. Substitutions
(45)____5. Omissions
(46)____6. Cannot say

VOICE

Pitch

____1. Acceptable
(47)____2. Too high
____3. Too low
____4. Cannot say

Quality

(48)____1. Acceptable
(49)____2. Breathiness
(50)____3. Hoarseness
(51)____4. Hyponasality
(52)____5. Hypernasality
(53)____6. Cannot say

Intensity

____1. Acceptable
(54)____2. Too soft
____3. Too loud
____4. Cannot say

Rate

____1. Acceptable
(55)____2. Too fast
____3. Too slow
____4. Cannot say

Defects of Rhythm

____1. None
(56)____2. Non-fluency
____3. Distortion of syllable patterning
____4. Cannot say

ORAL MECHANISM

____1. No observable problems
____2. Teeth missing
____3. Malocclusion
(57)____4. Poor tongue activity
____5. Coordination problems
____6. Cleft palate and/or lip
____7. Cannot say

HEARING

(58)____1. Hearing appears normal
(59)____2. Possible discrimination problem
(60)____3. Possible comprehension problem
(61)____4. Possible hearing loss
(62)____5. Hearing defect reported by parent
(63)____6. Cannot say

LANGUAGE

(64)____1. Advanced development
(65)____2. Appears well-developed
(66)____3. Some infantilisms: mild delay
(67)____4. Distorted development
(68)____5. Sample too small to judge

Therapist's Signature________________________

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	DIRECTIONS FOR SCREENING SPEECH AND HEARING May 1968

The materials used for screening on the project are two subtests of standardized instruments, sentence repetition and digit memory. These are being used so that we will have reliable data. It is requested that the standardized portions be followed exactly and the forms marked precisely. Tape recordings have been made of the the sentences and the digits so that there will be no variable in the administration. The material is coded for machine processing.

We recommend that with the pre-kindergarten child you use toys or pictures that he can point to before you ask a direct question requiring a verbal response.

There are two pages for each child. Note that on the second sheet you have a check list on which to evaluate the speech and language behavior. Be sure to check one item in each category. Remember this is screening, and not diagnosis. Our purpose is to find speech and language behavior (or any observable behavior) that to your clinical observation indicates that the child might need help in his task of growing up and facing the school situation. It has been out experience as we have tested these materials that much information comes from the repetition of the sentences and digits. You will have a scoring sheet available. If you do not have time for scoring just write down precise responses and leave the scoring until later. There will be a follow-up on the basis of your observations in this screening process.

Scheduling is based on 10 minutes per child. Please make every effort to stay within this limit. If response is poor, and you feel sure he should be seen again, indicate in the proper places and move on to the next.

APPENDIX B

SPEECH AND HEARING SCREENING

SPECIFIC INSTRUCTIONS

1. Direct contact with child.

   PRE-KINDERGARTEN: Use objects or pictures that do not require a verbal response if you feel it necessary to elicit some free speech from this group.

   FOR ALL CHILDREN: Use the following questions to elicit free speech.

   What is your name?
   How old are you? When is your birthday?
   Where do you live? Who lives at your house?

2. Preparation for sentence repetition. (Note response)

   I want you to say some funny words for me.

   "Boo" "Bippity" "Putuku" "Goulabi" "Dabutikaba"

3. Sentence repetition.

   "Now I am going to let you hear the tape recorder. You will hear a man saying some words. He will tell you to say just what he says. This is going to be fun so try your very best.

   Note:

   WE HAVE MADE EVERY EFFORT TO GIVE TIME ENOUGH FOR RESPONSE. BE ALERT TO NEED FOR GIVING MORE TIME AS YOU GET TO MORE DIFFICULT ITEMS. WRITE IN ALL CHANGES HE MAKES, CROSSING OUT OMITTED WORDS, INSERTING ADDITIONS, ETC. UNDER THE MAXIMUM ERROR COLUMN IS THE NUMBER OF ERRORS HE IS PERMITTED FOR THAT SENTENCE. IF HE HAS MORE THAN THE ERRORS PERMITTED HE HAS FAILED THAT ITEM AND YOU WILL CIRCLE THE ZERO IN THE SCORE COLUMN. DISCONTINUE AFTER FAILURE ON THREE CONSECUTIVE SENTENCES. (Should you need to stop and give him practice on the first item on the tape go back and practice it until he understands but do not give him credit for it.)

   ERRORS

   An error is an omission, transposition, addition, or substitution. The following illustrations are for the sentence: "Susie has two dolls and a brown teddy bear."

Sentence repetition, cont.

1. Omission: Each omitted word is counted as one error.

   Example: "Susie has two dolls and a bear." 2 errors.

   Note: Omission of "ice-cream" in Sentence 7 is counted as a single error.

2. Transposition: Transposition of a word or phrase is counted as one error.

   Example: "Susie has two brown teddy bears and a doll." 1 error.

   Note: The fact that "bear" and "dolls" were changed to "bears" and "doll" is not counted as an error since the change from a singular to a plural noun, and vice versa, it required grammatically.

3. Addition: Any addition tc one or more consecutive words is counted as one error.

   Example: "Susie has two dolls and a brown teddy bear and a wagon and a doll house." 1 error.

4. Substitution: Substitutions are penalized at the rate of one error for each word omitted.

   Example: "Susie has two big chairs and a brown teddy bear." 1 error. One error is counted because only one word, "dolls,: was omitted, although two words were put in its place.

   Note: "It's" in place of "it is" in Sentence 5 is to be scored as one error.

Maximum score: 34

APPENDIX B

ITPA AUDITORY-VOCAL SEQUENCING TEST

Purpose: The purpose of this test is to assess child's ability to reproduce a sequence of auditory stimuli from memory.

Procedure: Digits are uttered at a uniform rate of two per second. Practice timing. Examiner should drop his voice on the final digit of each sequence.

The tape recording begins with item 4. In order to have the same stimulus for each child and yet give a second trial we have said each group of digits twice. (We have found that this does not bother most children but you may need to stop the tape after the first response or an occasional child will wait for the second repetition. BE READY TO STOP.)

For very immature children, the examiner may need to start with item 1 and switch to the tape at item 4. Say:

LISTEN. SAY 1-2

For those beginning with item 4, the basal level is reached when three consecutive items are passed, each on the first trial. If he fails to pass the first three items administered, each on the first trial (4-6 inclusive), continue testing until the ceiling or end of the test is reached and then administer progressively easier items beginning with item 3 (3,2,1) until the basal level is established or until no items remain (whichever is first).

The ceiling is reached when he fails three consecutive items, each on both trials.

Scoring: Child receives two points for passing on the first trial, one point for passing on second trial, and no points for failure on both trials. Allow two points for every item below the basal level.

On the test sheet the 2 in the first column will be circled if he passes on the first trial. Do not mark the second trial. If he fails the first trial and passes the second, cross out the 2 and circle the 1. If he fails both trials both numbers will be crossed out.

STOP TESTING WHEN HE FAILS THREE CONSECUTIVE ITEMS ON BOTH TRIALS.

SCREENING PROCEDURES FOR VISUAL-MOTOR, SOCIAL-EMOTIONAL AND ACADEMIC PROBLEMS

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	DRAW-A-MAN COPY FORMS PENCIL GRIP May 1968

(1-6) Number	(7-9) Form F09	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	(35-40) Birth Month Day Year 19___

(41) Sex (circle) M F	(42-44) School #	(45) Grade	(46) Section	(47-49) Test Age in Months

INSTRUCTIONS: PLACE CHECK MARKS IN APPROPRIATE BOXES

	Age Under 5	DRAW-A-MAN		Age Over 5
(50)		Refused test	(50)	
(51)		Not sure of scoring	(51)	
(52)		Scribble	(52)	
(53)		3 or more figures	(53)	
(54)		Grotesque	(54)	
(55)		No mouth	(55)	
(56)		Slanted figure	(56)	
(57)		No body	(57)	
(58)		No arms	(58)	
(59)		TOTAL (52-58)	(59)	

	COPY FORMS		
(60)	Refused test	1	
(61)	Circle	2	
(62)	Square	3	
(63)	Total	4	

	PENCIL GRIP		
(64)	Refused test	1	
(65)	Can't use	2	
(66)	Uses adequately	3	
(67)	Uses well	4	

USE SPACE BELOW FOR DRAW-A-MAN

TOP

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	INSTRUCTIONS FOR DRAW-A-MAN Grades Kindergarten through Grade 3 May 1968

"Make a picture of a man. Make the very best picture that you can; take your time and work very carefully. Be sure to make the whole man, not just his head and shoulders. Don't leave anything out."

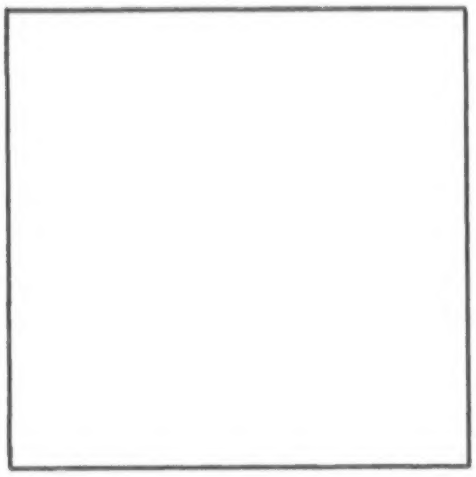
Walk about the room as the children are working and encourage the ones who are slow or having difficulty by saying: "These drawings are fine; you boys and girls are doing very well."

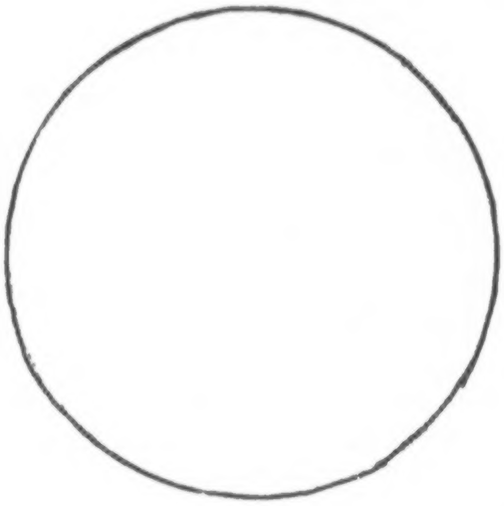
Refrain from making remarks that might influence the nature of the drawing. Answer all questions by saying: "Do it whatever way you think is best." Do not make adverse comments or criticisms, and do not give suggestions. If a child is talking out loud about his drawing, say: "No one must tell about his picture now. Wait until everybody has finished."

Allow no more than 10 minutes.

APPENDIX B

COPY FORMS





APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	KINDERGARTEN ROUNDUP INSTRUCTIONS FOR PSYCHOLOGICAL TESTING May 1968

I. COPY FORMS

"You see this picture over here (pointing to circle). You make one over here (pointing to blank area next to circle and to pencil lying on table)." If the child does nothing or picks up the pencil but doesn't start, say: "Go ahead and copy this picture (pointing to circle) over here (pointing) and tell me when you're done." If he still does nothing, skip the circle and give the same instructions for the square. If he refuses to do the square, discontinue this test.

If he copies the circle, say: "Very good. Now make another one over here (pointing to area to right of first circle or to any blank space opposite the sample circle)." If he makes the first circle but refuses to make the second, continue with the instructions for the square.

II. DRAW-A-MAN

Point to pencil and paper and say: "Make a picture of a man. Make the very best picture that you can; take your time and work very carefully. Be sure to make the whole man, not just his head and shoulders. Don't leave anything out." If the child seems confused or hesitates, say: "Go ahead and draw the best man you can make and tell me when you're done." If he still refuses, discontinue this test.

1. If the child is slow or seems to be having difficulty, encourage him by saying: "This drawing is fine; you are doing very well."

2. Refrain from making remarks that might influence the nature of the drawing.

3. Answer all questions by saying: "Do it whatever way you think is best."

4. Do not make adverse comments or criticisms, and do not give suggestions.

5. If the child puts the pencil down or appears to be finished and his drawing is not complete, say: "Finish the man. Make the best one you can. Don't leave anything out."

When the child finishes his drawing and you are not sure whether it looks like a man or what the parts of the drawing are, say: "That's a nice picture you made. Now tell me about it." If he doesn't respond, say: "What are all these things you made?" If he still doesn't respond, point to one of the parts of the drawing and say: "What is this?" If he still doesn't respond or if he calls each part a man, discontinue your questioning and place a large S next to the drawing. If he names the parts, write in the names next to each part.

III. PENCIL

Indicate on the scoring form the child's use of the pencil during testing.

IV. BEHAVIORAL NOTES

If the child's appearance or behavior during testing is in any way unusual or inappropriate, note this one the back of the scoring form.

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	DRAW-A-MAN SCORE SHEET May 1968

(1-6) Number	(7-9) Form F13	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	(35-40) Birth Month Day Year 19___

(41) Sex (circle) M F	(42-44) School #	(45) Grade	(46) Section	(47-49) Test Age in Months

INSTRUCTION: Where an indicator is present, place a check in the box beside the indicator number.

		INDICATOR
1.		Poor integration
2.		Shading of face
3.		Shading of body, limbs
4.		Shading of hands, neck
5.		Slanting figure
6.		Tiny figure
7.		Big figure
8.		Transparencies
9.		Tiny head
10.		Crossed eyes
11.		Teeth
12.		Short arms
13.		Long arms
14.		Arms clinging to body
15.		Big hands
16.		Hands cut off
17.		Legs together
18.		Genitals
19.		Three figures
20.		Clouds
21.		No eyes
22.		No nose
23.		No mouth
24.		No body
25.		No arms
26.		No legs
27.		No feet
28.		No neck
		TOTAL

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	TEACHER CHECKLIST May 1968

(1-6) Number	(7-9) Form F08	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	(35-40) Birth Month Day Year 19___

(41) Sex (circle) M F	(42-44) School No.	(45) Grade	(46) Section	

DIRECTIONS: Place a checkmark in the appropriate box for every item, 1-15.
Kindergarten teachers check Items 1 through 9, only.

	NOT A PROBLEM (1)	NOT SURE (2)	PROBLEM NO HELP NEEDED (3)	PROBLEM HELP NEEDED (4)	
(47)					1. Listening Comprehension
(48)					2. Poor Memory
(49)					3. Work Habits
(50)					4. Abstract Reasoning
(51)					5. Attention Span
(52)					6. Following Directions
(53)					7. Lack of Alertness
(54)					8. Restlessness
(55)					9. Program Too Difficult
(56)					*10. Arithmetic Reasoning
(57)					*11. Arithmetic Computation
(58)					*12. Reading Comprehension
(59)					*13. Reading Rate
(60)					*14. Spelling
(61)					*15. Written Expression

*Does not apply to Kindergarten.

This space for teacher's notes and comments:

APPENDIX B

PROJECT FOCUS

CLASSROOM BEHAVIOR INVENTORY (K-3)

May 1968

(1-6) Number	(7-9) Form FO3	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	(35-40) Birth Month Day Year 19__	(41) Sex (circle) M F	(42-44) School #	(45) Grade	(46) Section

INSTRUCTIONS:

1. Place a check (✓) in the appropriate box on the left side of the page for every question. Base your answer on what you know about what this child is usually like.
2. If it was hard for you to make up your mind about how to answer a question, please place another check mark beside the question on the right side of the page.

	VERY MUCH LIKE (4)	SOME-WHAT LIKE (3)	VERY LITTLE LIKE (2)	NOT AT ALL LIKE (1)		Hard to Decide
(47)					1. Begins to talk about things when others come near him.	
(48)					2. Can't sit still.	
(49)					3. Is helpful to others.	
(50)					4. Likes to play by himself.	
(51)					5. Stays with a job until he finishes it.	
(52)					6. Complains if he can't get his way.	
(53)					7. Tries to be with another person or group of people.	
(54)					8. Does not pay attention to what he's doing when other things are going on around him.	
(55)					9. Is considerate toward others.	
(56)					10. Speaks in a low or unsteady voice when with other children.	
(57)					11. Pays attention to what he is doing when other things are going on around him.	
(58)					12. Stays mad inside if he is corrected or can't get his own way.	
(59)					13. Likes to take part in activities with others.	
(60)					14. Moves about the room a lot.	

	VERY MUCH LIKE (4)	SOME-WHAT LIKE (3)	VERY LITTLE LIKE (2)	NOT AT ALL LIKE (1)		Hard to Decide
(61)					15. Forgives others easily.	
(62)					16. Avoids social contact with others.	
(63)					17. Will not give up if his first effort fails.	
(64)					18. Gets upset when teased.	
(65)					19. Enjoys being with others.	
(66)					20. Loses interest in what he starts.	
(67)					21. Patiently awaits his turn.	
(68)					22. Is uneasy when observed by others.	
(69)					23. Becomes very absorbed in what he is doing.	
(70)					24. Stays angry for a long time.	
(71)					25. Gets along reasonably well in all areas.	

This space for teacher's notes and comments.

PLEASE DO NOT WRITE IN THIS SPACE.

(72-73)	(74-75)	(76-77)	(78-79)

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	PARENT OBSERVATION OF CHILD'S BEHAVIOR PRESCHOOL through GRADE 3 May 1968

(1-6) Number	(7-9) Form F011	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.

INSTRUCTIONS: 1. Place a check in the appropriate box on the left side of the page for EVERY question. Base your answer on what you know about what your child is usually like.

2. If it was hard for you to make up your mind about how to answer a question, please place ANOTHER check beside the question on the right side of the page.

	VERY MUCH LIKE (4)	SOME-WHAT LIKE (3)	VERY LITTLE LIKE (2)	NOT AT ALL LIKE (1)		HARD TO DECIDE
(35)					1. Begins to talk about things when others come near him.	
(36)					2. Can't sit still.	
(37)					3. Is helpful to others.	
(38)					4. Likes to play by himself.	
(39)					5. Stays with a job until he finishes it.	
(40)					6. Complains if he can't get his way.	
(41)					7. Tries to be with another person or group of people.	
(42)					8. Does not pay attention to what he's doing when other things are going on around him.	
(43)					9. Is considerate toward others.	
(44)					10. Speaks in a low or unsteady voice when with other children outside the family.	
(45)					11. Pays attention to what he is doing when other things are going on around him.	

	VERY MUCH LIKE (4)	SOME-WHAT LIKE (3)	VERY LITTLE LIKE (2)	NOT AT ALL LIKE (1)		HARD TO DECIDE
(46)					12. Stays made inside if he is corrected or can't get his own way.	
(47)					13. Likes to take part in activities with others.	
(48)					14. Moves about the house a lot.	
(49)					15. Forgives others easily.	
(50)					16. Avoids social contact with others.	
(51)					17. Will not give up if his first effort fails.	
(52)					18. Gets upset when teased.	
(53)					19. Enjoys being with others.	
(54)					20. Loses interest in what he starts.	
(55)					21. Patiently awaits his turn.	
(56)					22. Is uneasy when observed by others.	
(57)					23. Becomes very absorbed in what he is doing	
(58)					24. Stays angry for a long time.	
(59)					25. Gets along reasonably well in all areas.	

Form completed by: 1. Mother___

(60) 2. Father___

3. Other____

4. Check here if you do not wish to complete this form_____________

Please do not write in this space.

(61-62)	(63-64)	(65-66)	(67-68)

(80) 2

Signature____

HEALTH SCREENING FORMS AND GUIDES

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	NURSE INTERVIEW HEALTH INVENTORY - PART I PRESCHOOL ROUND-UP, May 1968

(1-6) Number	(7-9) Form F15	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	School Name

PARENT HISTORY		Yes	No
1. Concerns about child's health	(35)		
2. Eye problems present	(36)		
3. Wears glasses	(37)		
4. Hearing problems present	(38)		
5. Wears hearing aid	(39)		
6. Speech problems present	(40)		
7. Any illness or disability	(41)		
8. Any previous evaluations	(42)		
9. Any special health care in school	(43)		
10. Concerns about behavior or emotions	(44)		
11. Wants discussion with school	(45)		
12. Other comments	(46)		

APPENDIX B

PROJECT FOCUS
Montgomery County Public Schools
Rockville, Maryland

TEACHER HEALTH OBSERVATION REPORT

May 1968

(1-6) Number	(7-9) Form F12	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	(35-40) Birth Month Day Year 19__
(41) Sex (circle) M F	School #	Grade	Section		Date of Report Month Day Year 19__

Yes (1)	No (2)	Not Sure (3)	GENERAL HEALTH AND APPEARANCE
			(42) 1. Tired much of the time
			2. Frequent health room visits
			3. Frequent illness
			4. Excessive absences
			5. Poor fine motor coordination
			6. Occupied with tension habits much of time
			7. Problem with bowel or bladder control
			8. Appears overweight or underweight
			9. Poor posture or unusual gait
			10. Other problem
			11. Looks and acts well most of time.
			VISION
			(53)12. Eyes turning in or out (constantly or occasionally)
			13. Inflammed or watering eyes
			14. Headaches following close work
			15. Rubs eyes excessively
			16. Frequent squinting
			17. Difficulty reading and copying from blackboard
			18. Avoids reading and copying from blackboard
			19. Very awkward in sports
			20. Very poor and clumsy in written work
			21. Fatigues rapidly at near work
			22. Other problem
			23. Seems to have no apparent visual or eye problem
			SPEECH, LANGUAGE, AND HEARING
			(65)24. Does not follow directions
			25. Often asks "Huh" or asks speaker to repeat
			26. Watches speaker's face intently
			27. Does not follow simple verbal directions unless he sees speaker's face
			28. Seems to have difficulty sitting through a story
			29. Attention wanders when activities are auditory, rather than visual
			30. Speech is difficult to understand
			31. Speech not fluent (hesitates, or repeats sounds or words)
			32. Poor vocabulary for words heard or used himself
			33. Not able to retell what the teacher said
			34. Has difficulty putting thoughts into words
			35. Makes more errors in grammar than social background might explain
			36. Voice is unusual (too soft, too loud, hoarse, nasal)
			37. Communicates easily and well

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	GUIDE FOR THE USE OF TEACHER HEALTH OBSERVATION REPORT May 1968

The teacher who is trained to observe his students for signs of physical and emotional health can be of invaluable help to the children he teaches. Unless his attention is directed to such observation, these signs all to often simply become part of his impressions of a student. For example, the Kindergarten teacher who does dismiss the repetitive blinking of an immature 4½ year old as "just a mannerism," - the teacher who does not dismiss the habitual tilt of a student's head as "an idiosyncracy," - such teachers can get valuable clues to school readiness in the first case, or vision problems in the second.

The sheet is to be filled out by teachers of K - 3 grades in Project FOCUS Schools. It will be collected by the health assistant and reviewed by the public health nurse in consultation with the school physician. It will be included with all the other information obtained by FOCUS screening for review by the Child Development Team. A child who does not exhibit any of these characteristics, the teacher would have all questions answered "no," except for the last question in each section which would be "yes."

#5. Fine motor coordination refers to ease in using scissors, drawing within a line, manipulating eating utensils, etc.

#6. Occupied with tension habits refers to nailbiting, thumbsucking, hair-pulling, repeated facial movements, masturbating, etc.

If the teacher has other concerns about the child which do not fit in the listed categories, he can check "Other problem" and write, in brief, his concern, i.e., chronic cough, etc.

It is the goal of this report to obtain the teachers observation gained from his experience with the child this past year.

APPENDIX B

PROJECT FOCUS

HEALTH DATA SUMMARY SHEET

May 1968

(1-6) Number	(7-9) Form F10	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	(35-40) Birth Month Day Year 19__	(41) Sex (circle) M F	(42-44) School #	(45) Grade	(46) Section

(47) (circle one) Race W NW	Address 1.	Address 2.	Name of School

(48) 196__

	Yes	No	No Inf	**HEALTH EXAM BY**
(49)	___	___	___	1. P.M.D.
	___	___	___	2. Health Dept.
	___	___	___	3. Group or Milit.
	___	___	___	4. Has M.D. seen pt. before
	___	___	___	5. No information

				NUTRIT. & GROWTH
(54)	___	___	___	1. Under 3% for ht.
	___	___	___	2. Over 97% for ht.
	___	___	___	3. Under 3% for wt.
	___	___	___	4. Over 97% for wt.

				IMMUNIZATIONS
(58)	___	___	___	1. Smallpox
	___	___	___	2. Smallpox contra.
	___	___	___	3. Measles or vaccine
	___	___	___	4. OPV
	___	___	___	5. DPT Series
	___	___	___	6. DT Series
	___	___	___	7. Completed for age

(65) 196__

			DENTAL EXAM
(66)	___	___	1. Hlth Dept. Dentist
	___	___	2. Private dentist
	___	___	3. No information
	___	___	4. No Rx necessary
	___	___	5. Ongoing Rx
	___	___	6. Completed Rx

HEALTH DATA SOURCE

(Circle) Sc5 Sc13 Sc23

	Yes	No	No Inf	**TB SKIN TEST**
(72)	___	___	___	1. Ever tested
	___	___	___	2. Tested within 2 yrs
	___	___	___	3. Was it negative
	___	___	___	4. Current test performed
	___	___	___	5. Current test negative
	___	___	___	6. Pos.-no followup init.
	___	___	___	7. Pos.-followup init.
	___	___	___	8. Pos.-followup complete

(80) 1

				MEDICAL EVALUATION
(24)	___	___	___	1. Normal Evaluation
	___	___	___	2. Abnormal Evaluation
	___	___	___	3. Visual Impairment
	___	___	___	4. Hearing Impairment
	___	___	___	5. Speech Problem
	___	___	___	6. Physical Impairment
	___	___	___	7. Emot. or Mental Problem
	___	___	___	8. Long-term Medication
	___	___	___	9. Restriction of Activity
	___	___	___	10. Condition Possibly Requiring Emergency Rx
	___	___	___	11. Past Health Problem
	___	___	___	12. M.D. wants to discuss child
	___	___	___	13. Parent wants to discuss child
	___	___	___	14. Consultation recommended
	___	___	___	15. Rx Recommended
	___	___	___	16. Rx Completed

Health Data Sheet Completed by: (initial)

PHN________________ Date____________

Assist.________________

(40) 196__

	Check	**USUAL MEDICAL SOURCE**
(41)	_____	1. P.M.D.
	_____	2. Hospital Emergency
	_____	3. Any available M.D.
	_____	4. Gr. Hlth, Milit., NIH, Hosp. Clinic, Same M.D.
	_____	5. Gr. Hlth, etc., Diff.M.D
	_____	6. No information

(47) 196__

	Norm	Abn	NT	Abs	Ck	**VISION SCREENING**
(48)	___	___	___	___		1. Init. Snellen
	___	___	___	___		2. Recheck Snellen
	___	___	___	___		3. Cover Test
					___	4. 20/30-70
					___	5. 20/70-200
					___	6. 20/200+
					___	7. Sym.obs.by technician
					___	8. Sym.obs.by teacher
					___	9. Sym.obs.by tr.teacher
					___	10. Referred

(58) 196__

						HEARING SCREENING
(59)	___	___	___	___		1. Init.Audio
	___	___	___	___		2. Rechk Audio
Referral based on					___	3. Tchr obs.
					___	4. Audio only
					___	5. Audio & sym obs.by tchr
					___	6. Sym.obs.by teacher

(80) 2

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	GUIDE FOR USING THE HEALTH DATA SUMMARY SHEET May 1968

Introduction

The Health Data Summary Sheet for Project FOCUS has been devised with the purpose of providing a rapid and succinct review of all the information pertaining to the total health of each child, that will be available in the school on all children. The information will be gleaned from the following:

1. The Health Inventory (the Sc 23)
2. The Sc 5 and Sc 13 if those are the health forms available
3. The Dental Card
4. The Screening Record
5. The Teacher Health Observation Sheet
6. The information obtained by the nurse at pre-school conference as to "Usual Medical Source."

Pre-Kindergarten

The Health Data Summary Sheet for those children seen at pre-school conference will be filled out in the following way:

The nurse in her interview with the parent, and child, will fill in the Identifying Data, the Usual Medical Source, and if the parent has brought the Health Inventory and Dental Card, the nurse will fill in the Health Exam, Immunizations, Dental Exam, TB skin test, Medical Evaluation, Health Data Source, and sign and date the Sheet. She will need to print heavily with ink and be sure to include a carbon for 1 copy. If the parent has not brought in the Health Inventory to pre-school conference, the nurse will encourage that it be sent in as soon as possible to the school, at which time the health assistant will then transcribe the information from it to the Health Data Summary Sheet.

At a date following soon after pre-school conference, the health assistant under the supervision of the public health nurse will transcribe Vision and Hearing results from the blue Screening Record to the Health Data Summary Sheet. She will also plot the height and weight from the Health Inventory Form, if that information is available, using the anthropometric chart appropriate for sex in order to obtain height and weight percentiles. She will record this information in the section Nutrition & Growth on the Health Data Summary Sheet and also sign the summary sheet.

GUIDE FOR USING THE HEALTH DATA SUMMARY SHEET -2-

As Health Inventory Forms not brought in at pre-school conference arrive at the school in ensuing weeks, the assistant will transcribe information to the Health Data Summary Sheet until June 12th, 1968. No information will be added to the summary sheet after that date.

Kindergarten-Grade 3

For grades Kindergarten-3, the public health nurse or the health assistant will transcribe, at some time before June 12th, the information from the most recent health evaluation in the child's school folder, that is either the Sc 5, Sc 23, or Sc 13, onto the Health Data Summary Sheet. If the source of the most recent information is the Sc 5 or Sc 13, and if there are any comments, diagnoses, or recommendations on these forms, any transcribing to the Health Data Summary Sheet must be done under the direction of the public health nurse with consultation of the Project FOCUS physician, if needed. She will also obtain the height and weight percentiles as described above. If no report is in the school folder, this will be noted as "no information."

The nurse or health assistant will also transcribe the results of both routine and project vision and hearing screening done in the spring 1968, from the blue Screening Record. Any teacher observations in spring of 1968, will be trained teacher observations; therefore item #8 "Symptoms observed by teacher" under Vision Screening, will not be filled in on any child. She will transcribe from the Teacher Health Observation Sheet to the Vision and Hearing Screening Sections of the Health Data Summary Sheet.

The section in the Health Data Summary Sheet marked Usual Medical Source cannot be filled in for Kindergarten-3 children, and can be recorded "No information."

General

If the health assistant is transcribing information about Immunizations, she will ask the nurse's help for the question "completed for age." The nurse will use the current guidelines for immunization of the Montgomery County Health Department with the consultation of the physician on the Child Development team.

GROSS MOTOR ABILITIES TESTS AND INSTRUCTIONS

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	GROSS MOTOR ABILITIES TEST Pre-Kindergarten May 1968

(1-6) Number	(7-9) Form F04	(10-23) Child's Last Name	(24-33) First Name	(34) M. I.

(35-40) Birth Month Day Year 19___	(41) Sex (circle) M F	(41) School No.	(45) Grade	(46) Section

	Max. Score	Record the Number of	Child's Score
1. Walking forward 2" tape line	6	Feet Walked	(47)
2. Balance on preferred leg	20	Seconds	(48-49)
3. Hop on preferred leg	20	Hops	(50-51)
4. Walking forward-eyes closed between lines	12	Feet Walked	(52-53)
5. Walking backward-eyes closed between lines	12	Feet Walked	(54-55)
6. Alternating feet in square	10	Changes	(56-57)
TOTAL	80		(58-59)

		(60)
7. Not testable	Circle the "1" or "2" if applicable	1
Refused testing		2

This space for teacher's notes and comments.

APPENDIX B

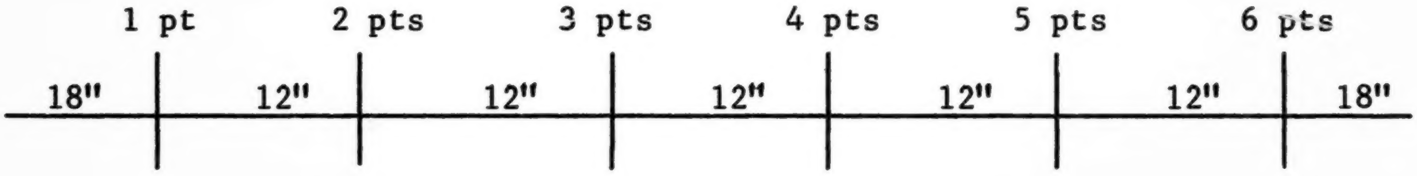
PROJECT FOCUS
Montgomery County Public Schools
Rockville, Maryland

DIRECTIONS FOR GROSS MOTOR ABILITIES TEST
Pre-Kindergarten
May 1968

Record only the best score of two trials for all items. If the maximum score is achieved on the first trial, record the score and move to the next item.

Items

1. Walking forward 2" tape line. A strip of masking tape 8' long by 2" wide is placed on the floor. The 8' piece of tape is then marked with six strips of masking tape placed perpendicularly on it. The first perpendicular piece of tape is 18" from one end of the 8' tape. The next five perpendicular strips of tape are spaced at intervals of 12".

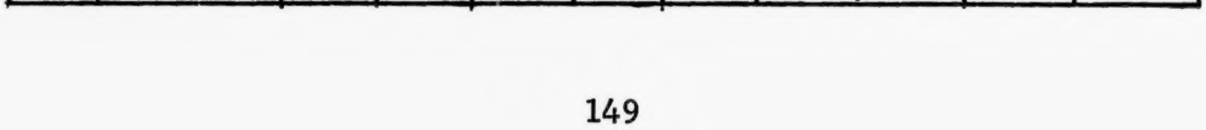


The child starts at one end of the tape line.. He walks forward and places one foot on the first perpendicular strip of tape. He continues walking forward and places his opposite foot on the next strip of tape. One point is scored every time the child places his foot on one of the perpendicular strips of tape before him. The turn ends when the child steps off the tape line, misses one of the strips, or reaches the sixth piece of tape. Maximum score - 6 points.

2. Balance on preferred leg.
The child is to stand motionless on one foot. The other leg is raised in the air with the ankle touching the inside portion of the opposite knee. The palms of the hands touch the outside of the thighs. The turn ends (1) if the child takes his hand(s) off his thigh(s), (2) removes his ankle from his knee, or (3) touches his raised leg to the floor. The child's score is the number of seconds he remains in the balancing position. Maximum score - 20 seconds.

3. Hopping on preferred leg.
The child stands in an 18" square area which is marked on the floor with masking tape. The child raises one leg and hops on the other leg. The turn ends if (1) the child touches the tape marking the square with his foot, (2) the child hops out of the square, or (3) touches his raised foot to the floor. The score is the number of hops the child does. Maximum score - 20 hops.

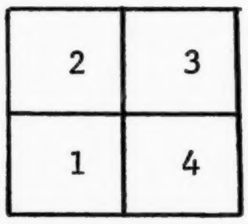
4. Walking forward between lines - eyes closed.



The child stands with his toes touching the beginning line. In front of the child are two parrallel lines 12' long; these lines are 18" apart. Every 12" of the parallel lines are marked with perpendicular strips of masking tape. After the child has had 10 seconds to observe the distance, a blindfold is placed over his eyes. The child is told to walk between the line to the other end. His score is the number of feet he walked between the tape lines without stopping. The turn ends if the child steps on or over the tape line or if the child stops. Maximum score - 12.

5. Walking backwards between lines - eyes closed.
   Use the same procedures as in Item 4. The only differences are the child will start at the end line and walk backwards to the beginning line. Maximum score - 12.

6. Alternating feet in squares.



The child stands in a 36" square marked with masking tape. The square is divided into four 18" sections. The left foot is placed in block 1 (see diagram), and the right foot is placed in block 3. The child is told to jump and change his feet so that his left foot lands in block 2 and his right foot lands in block 4. He then jumps and returns to the original position. The changing is done ten times. One point is given every time the child successfully changes his feet. The turn ends if the child does an incomplete movement, misses, or does ten successful changes.

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	GROSS MOTOR ABILITIES TEST Kindergarten May 1968

(1-6) Number	(7-9) Form F05	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.

(35-40) Birth Month Day Year 19__	(41) Sex (circle) M F	(42-44) School No.	(45) Grade	(46) Section

	Max Score	Record the Number of	Child's Score
1. Walking forward 2" balance beam	6	Feet Walked	(47)
2. Balance on preferred leg	20	Seconds	(48-49)
3. Hop on preferred leg	20	Hops	(50-51)
4. Walking forward between lines	12	Feet Walked	(52-53)
5. Walking backwards between lines	12	Feet Walked	(54-55)
6. Alternating feet in squares	10	Changes	(56-57)
7. Pat bounce 8½" ball (both hands)	20	Bounces	(58-59)
TOTAL	100		(60-62)
8. Not Testable Refused Testing		Circle the "1" or "2" if applicable.	(63) 1 2

This space for teacher's notes and comments.

APPENDIX B

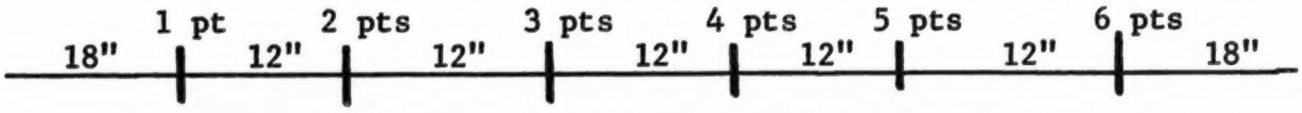
DIRECTIONS FOR GROSS MOTOR ABILITIES TEST
Kindergarten

Record only the best score of two trials for all items. If the maximum score is achieved on the first trial, record the score and move to the next item.

Items

1. Walking forward on a two-inch wide balance beam. (Use standard 8' balance beams.) The balance beam is marked with six strips of masking tape placed perpendicularly on it. The first and sixth pieces of tape are placed 18" from the ends of the balance beam. The remaining four pieces of tape are spaced 12" apart inside the first and sixth pieces of tape.

   The child starts at one end of the balance beam. He walks forward and places one foot on the first strip of tape. He continues walking forward placing the opposite foot on the next strip of tape. The child proceeds in this manner to the last strip of tape. One point is scored every time the child places his foot on one of the strips of tape before him. The turn ends when the child steps off the balance beam, misses one of the tapes, or reaches the sixth piece of tape. Maximum score - 6 points.

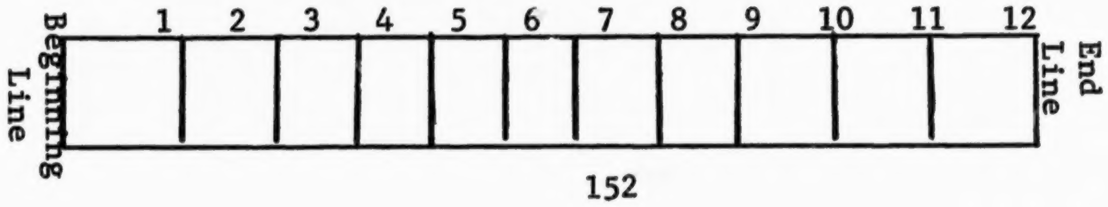


   Note: This item is omitted for Pre-Kindergarten children.

2. Balance on preferred leg.
   The child is to stand motionless on one foot. The other leg is raised in the air with the ankle touching the inside portion of the opposite knee. The palms of the hands touch the outside of the thighs. The turn ends (1) if the child takes his hand(s) off his thigh(s), (2) removes his ankle from his knee, or (3) touches his raised leg to the floor. The child's score is the number of seconds he remains in the balancing position. Maximum score - 20 seconds

3. Hopping on preferred leg.
   The child stands in an 18" square area which is marked on the floor with masking tape. The child raises one leg and hops on the other leg. The turn ends if (1) the child touches the tape marking the square with his foot, (2) the child hops out of the square, or (3) touches his raised foot to the floor. The score is the number of hops the child does.
   Maximum score - 20.

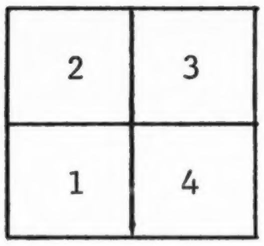
4. Walking forward between lines - eyes closed.



The child stands with his toes touching the beginning line. In front of the child are two parallel lines 12' long; these lines are 18" apart. Every 12" of the parallel lines are marked with perpendicular strips of masking tape. After the child has had 10 seconds to observe the distance, a blindfold is placed over his eyes. The child is told to walk between the lines to the other end. His score is the number of feet he walked between the tape lines without stopping. The turn ends if the child steps on or over the tape line or if the child stops. Maximum score - 12.

5. Walking backwards between lines - eyes closed.
   Use the same procedures as in Item 4. The only differences are the child will start at the end line and walk backwards to the beginning line. Maximum score - 12.

6. Alternating feet in squares.



The child stands in a 36" square marked with masking tape. The square is divided into four 18" sections. The left foot is placed in block 1 (see diagram), and the right foot is placed in block 3. The child is told to jump and change his feet so that his left foot lands in block 2 and his right foot lands in block 4. He then jumps and returns to the original position. The changing is done ten times. One point is given every time the child successfully changes his feet. The turn ends if the child does an incomplete movement, misses, or does ten successful changes. Maximum score - 10.

7. Pat bounce 8½" ball (both hands).
   The child stands in a 36" square marked on the floor with masking tape. The child is given an 8½" rubber ball. He is told to stay in the square and bounce the ball using both hands simultaneously. His score is the number of times he can bounce the ball consecutively while staying within the square. The turn ends if the child or the ball goes out of the square or if the child catches or misses the ball. Maximum score - 20.

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	GROSS MOTOR ABILITIES TEST 1st Grade May 1968

(1-6)	(7-9)	(10-23)	(24-33)	(34)	(35-40)
Number	Form F06	Child's Last Name	First Name	M.I.	Birth Month Day Year 19

(41) Sex (circle) M F	(42-44) School No.	(45) Grade	(46) Section

	Max Score	Record the Number of	Child's Score
1. Walking forward 2" balance beam	6	Feet Walked	(47)
2. Balance on preferred leg	20	Seconds	(48-49)
3. Hop on preferred leg	20	Hops	(50-51)
4. Walking forward between lines	12	Feet Walked	(52-53)
5. Walking backwards between lines	12	Feet Walked	(54-55)
6. Alternating feet in squares	10	Changes	(56-57)
7. Pat bounce 8½" ball (one hand)	20	Bounces	(58-59)
TOTAL	100		(60-62)

8. Not testable Refused testing	Circle the "1" or "2" if applicable.	(63) 1 2

This space for teacher's notes and comments.

APPENDIX B

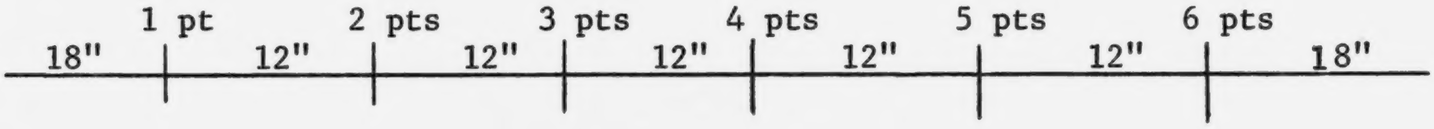
PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	DIRECTIONS FOR GROSS MOTOR ABILITIES TEST 1st Grade May 1968

Record only the best score of two trials for all items. If the maximum score is achieved on the first trial, record the score and move to the next item.

Items

1. Walking forward on a two-inch balance beam. (Use standard 8' balance beams) The balance beam is marked with six strips of masking tape placed perpendicularly on it. The first and sixth pieces of tape are placed 18" from the ends of the balance beam. The remaining four pieces of tape are spaced 12" apart inside the first and sixth pieces of tape.

   The child starts at one end of the balance beam. He walks forward and places one foot on the first strip of tape. He continues walking foward placing the opposite foot on the next strip of tape. The child proceeds in this manner to the last strip of tape. One point is scored every time the child places his foot on one of the strips of tpae before him. The turn ends when the child steps off the balance beam, misses one of the tapes, or reaches the sixth piece of tape. Maximum score - 6 points.

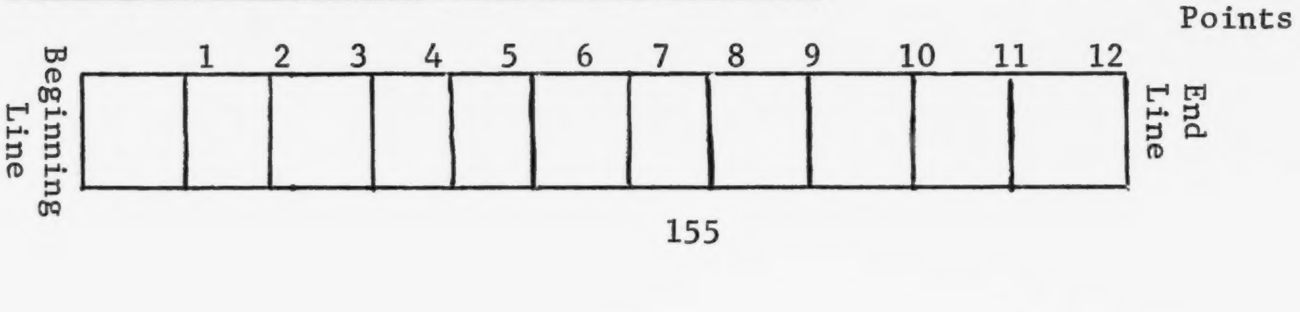


   Note: This item is omitted for Pre-Kindergarten children

2. Balance on preferred leg.
   The child is to stand motionless on one foot. The other leg is raised in the air with the ankle touching the inside portion of the opposite knee. The palms of the hands touch the outside of the thighs. The turn ends (1) if the child takes his hand(s) off his thigh(s), or (2) removes his ankle from his knee, or (3) touches his raised leg to the floor. The child's score is the number of seconds he remains in the balancing position. Maximum score - 20 seconds.

3. Hopping on preferred leg.
   The child stnads in an 18" square area which is marked on the floor with masking tape. The child raises one leg and hops on the other leg. The turn ends if (1) the child touches the tape marking the square with his foot, (2) the child hops out of the square, or (3) touches his raised foot to the floor. The score is the number of hops the child does. Maximum score - 20.

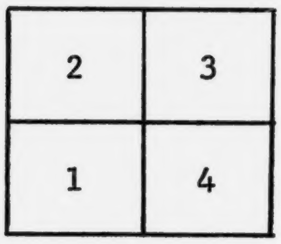
4. Walking forward between lines - eyes closed.



The child stands with his toes touching the beginning line. In front of the child are two parallel lines 12' long; these lines are 18" apart. Every 12" of the parallel lines are marked with perpendicular strips of masking tape. After the child has had 10 seconds to observe the distance, a blindfold is placed over his eyes. The child is told to walk between the lines to the other end. His score is the number of feet he walked between the tape lines without stopping. The turn ends if the child steps on or over the tape line or if the child stops. Maximum score - 12.

5. Walking backwards between lines - eyes closed.
Use the same procedures as in Item 4. The only differences are the child will start at the end line and walk backwards to the beginning line.

6. Alternating feet in squares.



The child stands in a 36" square marked with masking tape. The square is divided into four 18" sections. The left foot is placed in block 1 (see diagram), and the right foot is placed in block 3. The child is told to jump and change his feet so that his left foot lands in block 2 and his right foot lands in block 4. He then jumps and returns to the original position. The changing is done ten times. One point is given every time the child successfully changes his feet. The turn ends if the child does an incomplete movement, misses, or does ten successful changes.

7. Pat bouncing.
The child stands in a 36" square marked on the floor with masking tape. He is given an 8½" rubber ball. He is told to stay in the square and bounce the ball 20 times using just one hand. His score is the number of times he can bounce the ball consecutively while staying within the square. The turn ends if the child or the ball goes out of the square or if the child catches or misses the ball. Maximum score - 20.

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	GROSS MOTOR ABILITIES TEST 2nd & 3rd Grade May 1968

(1-6) Number	(7-9) Form F07	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.

(35-40) Birth Month Day Year 19___	(41) Sex (circle) M F	(42-44) School No.	(45) Grade	(46) Section

	Max. Score	Record the Number of	Child's Score
1. Walking forward 2" balance beam	6	Feet Walked	(47)
2. Crouching balance	20	Seconds	(48-49)
3. Hop on preferred leg	20	Hops	(50-51)
4. Walking forward between lines	12	Feet Walked	(52-53)
5. Walking backwards between lines	12	Feet Walked	(54-55)
6. Alternating feet in square	10	Changes	(56-57)
7. Pat bounce 8½" ball (one hand)	20	Bounces	(58-59)
TOTAL	100		(60-62)

		(63)
8. Not testable	Circle the "1" or "2" if applicable.	1
Refused testing		2

This space for teacher's notes and comments.

APPENDIX B

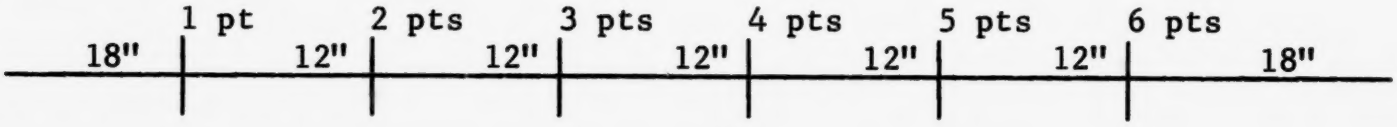
PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	DIRECTIONS FOR GROSS MOTOR ABILITIES TEST Grades 2-3 May 1968

Record only the best score of two trials for all items. If the maximum score is achieved on the first trial, record the score and move to the next item.

Items

1. Walking forward on a two-inch wide balance beam. (Use standard 8' balance beams.) The balance beam is marked with six strips of masking tape placed perpendicularly on it. The first and sixth pieces of tape are placed 18" from the ends of the balance beam. The remaining four pieces of tape are spaced 12" apart inside the first and sixth pieces of tape.

   The child starts at one end of the balance beam. He walks forward and places one foot on the first strip of tape. He continues walking forward placing the opposite foot on the next strip of tape. The child proceeds in this manner to the last strip of tape. One point is scored every time the child places his foot on one of the strips of tape before him. The turn ends when the child steps off the balance beam, misses one of the tapes, or reaches the sixth piece of tape. Maximum score - 6 points.

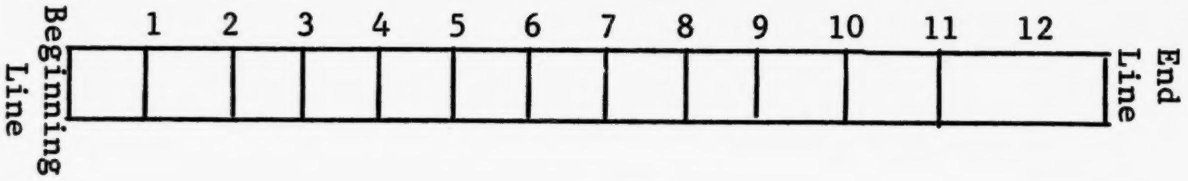


   Note: This item is omitted for Pre-Kindergarten children.

2. Crouching balance.
   The child is told to stand on the balls of his feet in a semicrouched position with his knees flexed at approximately a 45 degree angle. The arms are to extend horizontally at the side. The child's score is the number of seconds he can maintain the described position.
   Maximum score - 20 points.

3. Hop on preferred leg.
   The child stands in an 18" square area which is marked on the floor with masking tape. The child raises one leg and hops on the other leg. The turn ends if (1) the child touches the tape marking the square with his foot, (2) the child hops out of the square, or (3) touches his raised foot to the floor. The score is the number of hops the child does.
   Maximum score - 20.

4. Walking forward between lines - eyes closed.

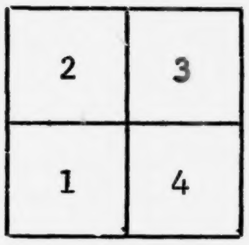


The child stands with his toes touching the beginning line. In front of the child are two parallel lines 12' long; these lines are 18" apart. Every 12" of the parallel lines are marked with perpendicular strips of masking tape. After the child has had 10 seconds to observe the distance, a blind fold is placed over his eyes. The child is told to walk between the lines to the other end. His score is the number of feet he walked between the tape lines without stopping. The turn ends if the child steps on or over the tape line or if the child stops. Maximum score - 12.

5. Walking backwards between lines - eyes closed.

Use the same procedures as in Item 4. The only differences are the child will start at the end line and walk backwards to the beginning line. Maximum score - 12.

6. Alternating feet in squares.



The child stands in a 36" square marked with masking tape. The square is divided into four 18" sections. The left foot is placed in block 1 (see diagram), and the right foot is placed in block 3. The child is told to jump and change his feet so that his left foot lands in block 2 and his right foot lands in block 4. He then jumps and returns to the original position. The changing is done ten times. One point is given every time the child successfully changes his feet. The turn ends if the child does an incomplete movement, misses, or does ten successful changes. Maximum score - 10.

7. Pat bouncing.
The child stands in a 36" square marked on the floor with masking tape. He is given an 8½" rubber ball. He is told to stay in the square and bounce the ball 20 times using just one hand. His score is the number of times he can bounce the ball consecutively while staying within the square. The turn ends if the child or the ball goes out of the square or if the child catches or misses the ball. Maximum score - 20.

DEMOGRAPHIC DATA

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	INFORMATIONAL BACKGROUND OF CHILD May 1968

(1-6) Number	(7-9) Form F14	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	(35-40) Birth Month Day Year 19__

(41) Sex (circle) M F	(42-44) School No.	(45) Grade	(46) Section	School Name

Occupation of Mother, if employed	Occupation of Father

READ THE QUESTION COMPLETELY. Put an X in the space beside the correct answer.

1. Educational level of mother (indicate highest)
(47) ( ) 1. Attended some portion of Grades 1-6.
( ) 2. Attended some portion of Grades 7-9.
( ) 3. Attended some portion of Grades 10-12.
( ) 4. Completed high school.
( ) 5. Attended college.
( ) 6. College graduate.
( ) 7. Attended business or technical school.
( ) 8. Completed business or technical school.

2. Educational level of father (indicate highest)
(48) ( ) 1. Attended some portion of Grades 1-6.
( ) 2. Attended some portion of Grades 7-9.
( ) 3. Attended some portion of Grades 10-12.
( ) 4. Completed high school.
( ) 5. Attended college.
( ) 6. College graduate.
( ) 7. Attended business or technical school.
( ) 8. Completed business or technical school.

3. Mother's paid working hours - outside of usual household activities
(49) ( ) 1. Not working.
( ) 2. Working 10 hours or less per week.
( ) 3. Working 11-20 hours per week.
( ) 4. Working 21-30 hours per week.
( ) 5. Working 31-40 hours per week.
( ) 6. Working 41-50 hours per week.
( ) 7. Working more than 50 hours per week.

4. Father's paid working hours
(50) ( ) 1. Not working.
( ) 2. Working 10 hours or less per week.
( ) 3. Working 11-20 hours per week.
( ) 4. Working 21-30 hours per week.
( ) 5. Working 31-40 hours per week.
( ) 6. Working 41-50 hours per week.
( ) 7. Working more than 50 hours per week.

5. Present type of residence
(51) ( ) 1. Apartment - 1 to 11 units.
( ) 2. Apartment - 12 or more units.
( ) 3. House - share with others.
( ) 4. House - single family.

6. Will an adult be at home when the child comes home from school?
(52) ( ) 1. Always
( ) 2. Usually
( ) 3. Sometimes
( ) 4. Rarely
( ) 5. Do not know

7. Child is presently being raised by
(53) ( ) 1. Both natural parents
( ) 2. Parent and step-parent
( ) 3. One parent and relative(s)
( ) 4. Adoptive parent(s)
( ) 5. Foster home
( ) 6. Institution
( ) 7. Mother only
( ) 8. Father only
( ) 9. Relative(s)
( )10. Legal guardian(s)
( )11. Non-legally recognized guardians

8. Has child always been raised by the person or persons indicated in
(54) Question 7?
( ) 1. Yes
( ) 2. No

9. What other adults live in the household?
(55) ( ) 1. Grandparents
( ) 2. Aunt(s) and uncle(s)
( ) 3. Other relatives
( ) 4. Non-relatives
( ) 5. None

-(56)10. ( ) Write in the total number of people in your apartment of home.
(57)
-(58)11. ( ) Write in the number of rooms in your residence (do not count the kitchen and bathrooms).

12. How many times has the family moved since this child was born?
(60) ( ) 1. Once ( ) 4. Four times
( ) 2. Twice (() 5. Five or more times
( ) 3. Three times ( ) 6. Never

13. Indicate whether this child is the
(61) ( ) 1. Oldest
( ) 2. Youngest
( ) 3. Other

14. Total number of brothers this child has (include step-brothers)
(62) ( ) 1. One
( ) 2. Two
( ) 3. Three
( ) 4. Four
( ) 5. Five or more
( ) 6. None

15. Total number of sisters this child has (include step-sisters)
(63) ( ) 1. One
( ) 2. Two
( ) 3. Three
( ) 4. Four
( ) 5. Five or more
( ) 6. None

(80) 1

STANDARDIZED ACHIEVEMENT TEST DATA

APPENDIX B

PROJECT FOCUS	STANDARDIZED ACHIEVEMENT TEST SCORES
Montgomery County Public Schools Rockville, Maryland	

(1-6) Number	(7-9) Form F17	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	(35-40) Birth Month Day Year 19___

(41) Sex (circle) M F	(42-44) School No.	School Name	(45) Grade	(46) Section

KINDERGARTEN - Metropolitan Readiness Test	Test (47-48) MR	Form (49) A	

Subtest Name Subtest Number	50-51 WM 1	52-53 L 2	54-55 M 3	56-57 A 4	58-59 N 5	60-61 C 6	62-64 T	65-66 %ile	67 Stan	68-70 Attend	80 Card #
Score											1

GRADE ONE - Stanford Achievement Test	Test (47-48) S1	Form (49) W	

Subtest Name - Para Meaning Subtest Number 2	Subtest Name - Arithmetic Subtest Number 6

	50-51 Score	52-53 G.E.	54-55 %ile	56 Stan			57-58 Score	59-60 G.E.	61-62 %ile	63 Stan	66-68 Attend	80 Card # 2

GRADE TWO - Stanford Achievement Test	Test (47-48) S2	Form (49) W	

Subtest Name - Para Meaning Subtest Number 2	Subtest Name - Arithmetic Computation Subtest Number 7

	50-51 Score	52-53 G.E.	54-55 %ile	56 Stan			57-58 Score	59-60 G.E.	61-62 %ile	63 Stan	66-68 Attend	80 Card # 3

GRADE THREE - Iowa Test of Basic Skills	Test (47-48) IB	Form (49) 3	

Subtest Score 50-51 V	52-53 R	54-55 L1	56-57 L2	58-59 L3	60-61 L4	62-63 W1	64-65 W2	66-67 W3	68-69 A1	70-71 A2	72-73 C	74-77 Attend	80 Card # 4
G.E. 50-51	52-53	54-55	56-57	58-59	60-61	62-63	64-65	66-67	68-69	70-71	72-73	74-77 Attend	80 Card # 5
%ile 50-51	52-53	54-55	56-57	58-59	60-61	62-63	64-65	66-67	68-69	70-71	72-73	74-77 Attend	80 Card # 6
Stanine 50	51	52	53	54	55	56	57	58	59	60	61	62-65 Attend	80 Card # 7

APPENDIX B

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	STANDARDIZED ACHIEVEMENT TEST SCORES GRADE 3 IOWA TEST OF BASIC SKILLS May 1968

(1-6) Number	(7-9) Form F19	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	(35-40) Birth Month Day Year 19__	(41) Sex (circle) M F	(42-44) School #	(45) Grade	(46) Section	(47-49) Att

Subtest	V	R	L1	L2	L3	L4	L	W1	W2	W3	W	A1	A2	A	Card #
Score	50-51	52-53	54-55	56-57	58-59	60-61	62-64	65-66	67-68	69-70	71-72	73-74	75-76	77-78	80 4
GE															5
Nat %ile															6
Stanine	N	N	N	N	N	N	N	N	N	N	N	N	N		7

PUPIL SUMMARY SHEET OF PROBLEMS IDENTIFIED THROUGH SCREENING

APPENDIX B

PROJECT FOCUS		PUPIL CASE CONFERENCE RECORD							May 1968
(1-6) Number	(7-9) Form F18	(10-23) Child's Last Name	(24-33) First Name	(34) M.I.	(35-40) Birth Month Day Year 19__	(41) Sex (circle) M F	(42-44) School #	(45) Grade	(46) Section

DOCUMENT	PROB	INC. DATA	NO DATA	MEMBER	MEMBER NUMBER	WRITE SPECIAL INFORMATION BELOW (Indicate Member Number for Each Entry)
F08 Tchr Cklst				1.Teacher		
F12 Hlth Obs						
Other						
F01 Sentence				2.Sp Ther		
F01 ITPA						
F02 Checklist						
Other						
F10-1 Hlth Exam				3.PHN		
2 N & Grth						
3 Immun						
4 Dental						
5 TB Test						
6 Med						
7 Vision						
8 Hearing						
F15 Nurse Intrv						
Other						
F05-7 Gross Motor				4.Phys Ed Tchr		
Other						
F11 Parent Obs				5.Case Coord		
F14 Info Bkgrd						
Other						
F03 Cl Beh				6.Psychologist		
F17 Ach						
F09 D A M						
F09 Cpy Forms						
F09 Pen Grip						
Other						
Special Info				7.Principal		
Special Info				8.Asst Prin		
Special Info				9.Res Tchr		

Refer for assessment (circle) No Yes	Previously referred to: ( ) Prin ( ) PPW ( ) Sp Ther ( ) Nurse ( ) Other

SAMPLE CALENDAR OF SCREENING SCHEDULE

APPENDIX B

PROJECT FOCUS SCREENING

May 1968

TWINBROOK ELEMENTARY SCHOOL

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
6 Vision screening K-3	7 Vision screening K-3	8	9 In-service for teachers K-3 3:10 - 4:00	10 P.E. Test Kindergarten
13 P.E. Test Kindergarten Group Tests Grades 1-3 In-service Kg. Teachers for Kg. round-up 3:10	14 Kindergarten Round-up Group Tests Grades 1-3	15 Kindergarten Round-up	16 Speech screening K-3 P.E. Test Kindergarten Hearing screening 2nd grade plus K-3 absentees	17 Speech screening K-3 P.E. Test Kindergarten Hearing screening 2nd grad plus K-3 absentees
20 P.E. Test Grade 1 Vision screening K-3 Speech screening K-3 Group tests as needed	21 P.E. Test Grade 1 Vision screening K-3 Speech screening K-3 Group tests as needed	22 P.E. Test Grade 1 Vision screening K-3 Speech screening K-3 Group tests as needed	23 P.E. Test Grade 2 Speech screening K-3 Group tests as needed	24 P.E. Test Grade 2 Speech screening K-3 Group tests as needed
27 P.E. Test Grade 2	28 P.E. Test Grade 3	29 P.E. Test Grade 3	30 HOLIDAY	31 P.E. Test Grade 3

LIST OF PERSONS CONTACTED FOR OPINIONS IN DEVELOPING THE MODIFIED SCREENING PROCEDURES

APPENDIX B

LIST OF PERSONS CONTACTED FOR OPINIONS IN DEVELOPING THE MODIFIED SCREENING PROCEDURES

Dr. Lorraine Bouthilet, Clearinghouse for Mental Health Information, National Institute of Mental Health, Bethesda, Maryland 20014.

Dr. Emory Cowen, University of Rochester, Rochester, New York.

Dr. William Elliott, Project Director, Goleta Union School District, 5689 Hollister Avenue, Goleta, California 93017.

ERIC Clearinghouse on Early Childhood Education, University of Illinois, College of Education, Urbana, Illinois 61801.

Dr. Jack Glidwell, Psychology Department, Washington University, St. Louis, Missouri.

Dr. Sheppard Kellam, Woodlawn Mental Health Clinic, 841 East 63rd Street, Chicago, Illinois 60637.

Dr. Nadine Lambert, University of California, Department of Education, Berkley, California

Dr. Laura W. Murphy, Director, Special Education, Delaware County Schools, Media, Pennsylvania.

National Association for Gifted Children, 8080 Springvalley Drive, Cincinnati, Ohio 45236.

National Referral Center for Science and Technology of the Library of Congress, Washington, D. C. 20540.

Dr. Merle Robert Newton, Sumter Child Study Program, Sumter Public Schools, Sumter, South Carolina.

Dr. Raymond Norris, School Psychology Program, George Peabody College for Teachers, Nashville, Tennessee 37203.

Research Program in Child Development, Institute for Juvenile Research, 232 East Ohio Street, Chicago, Illinois 60611.

Mr. Herman G. Richey, Secretary, National Society for the Study of Education, 5835 Kimbark Avenue, Chicago, Illinois 60637.

Dr. James B. Riley, Director of Special Projects, Sacramento City Unified School District, 1619 N Street, Sacramento, California 95810.

Dr. David Sabatino, Special Education Department, Catholic University.

Mrs. Violet Spraings, Educational Director, Diagnostic School for the Neurologically Handicapped, San Francisco, California.

Mrs. Lorene A. Stringer, ACSW, Research Program Director, St. Louis County Health Department, 801 South Brentwood Boulevard, Clayton, Missouri 63105.

Mrs. Rita P. Sussman, Manager, Clearinghouse on Educational Differences, Harvard University, Graduate School of Education, Cambridge, Massachusetts 02138.

APPENDIX C

STAFF DEVELOPMENT

APPENDIX C

FOCUS INSTITUTE SCHEDULE

When		Where	What	Who
April 3	8:30-12:00	307	Orientation	Staff
	1:00- 4:00		Orientation	Staff
4	8:30-12:00		Reading Assignment	
5	8:30-12:00	225	Seminar	Staff
	1:00- 4:00	225	Film- IQ Questionable Criteria	Simms
8	9:00-12:00	Adult Ed. Center Conference Room C	Pathway School	Rappaport McNary
	1:00- 4:00	Curriculum Lab. Conference Room	Pathway School	Rappaport McNary
9	8:30- 4:00	101 D	Psychological Information	Simms
10	8:30- 4:00	307	Psychological Information	Simms
11	8:30-12:00	101 D	Medical Information	
	1:00- 4:00	101 D	Personal & Family Information	Deem
12-19	Easter Holiday			
22	10:00-12:00	208 B	Psychiatric Information	Jacobson
	2:00- 4:00	208 B	Synthesis	Staff
23	9:00-12:00	208 B	Exploration of Roles	Funaro
	1:00- 4:00	208 B	Speech Information	Craven
24	8:30-12:00		Reading Assignment	
	1:00- 4:00	208 B	Hearing Information	O'Toole
25	8:30- 4:00	208 B	General Physical Information	Chaplin
26	9:00-12:00	208 B	Medical Information	Baldwin
	1:00- 4:00	208 B	General Standardized Tests	Simms
29	9:00- 4:00	208 B	General Standardized Tests Film	Campbell

APPENDIX C

When			Where	What	Who
April	30	9:00- 4:00	208 B	General Standardized Tests	Campbell
		11:30- 2:00	Adult Education	Lunch Conference	Porter
		2:00- 4:00		Reading Assignment	
May	1	9:00-12:00	208 B	Assessment of Reading Development	Wilson
	2	9:00-12:00	208 B	Assessment of Language Development	Cicci
	3	9:00- 4:00		Reading Assignment	
	6	9:00- 4:00		Illinois Test of Psycholinguistic Abilities	Wiseman
	7	9:00-11:00	208 B	Tactile-Kinesthetic Development	Campbell
		1:00- 4:00	208 B	Auditory Assessment	O'Toole
	8	9:00-12:00	208 B	Assessment of Mathematics Development	Ashlock
		12:15- 2:00	Adult Education	Lunch Conference	Porter
	9	8:30-12:00	208 B	Assessment of Gross-Motor and Visual-Motor Development	Janus
	10	9:00-12:00		Reading Assignment	
		1:00- 4:00	208 B	Assessment of Mathematics Development	Ashlock
	11	9:00-12:00	Montgomery Junior College	"Stuttering & Cluttering"	DeHirsch
	13	9:00-11:30	208 B	Recent Standardized Tests	Lokerson
		1:00- 4:00		Reading Assignment	
	14	9:00-12:00	H.D. Conf. Room	Assessment of Personal and Family Information	Simms
		1:00- 4:00		Reading Assignment	
	15	9:00-12:00	208 B	Assessment of Mathematics Development	Ashlock
	16	9:00- 4:00	Pathway School	Orientation and Seminar	Staff
	17	9:00- 3:00	Pathway School	Observation	Staff

APPENDIX C

	When	Where	What	Who
May 20	10:00-12:00	NN-204	Seminar	Campbell
	1:00- 4:00	Ed. Tech. Center	Available Educational Media	Schramm
21	9:00- 4:00		Reading Assignment and/or Work in Ed. Tech. Center	
22	9:30-12:00	202 B	Orientation to Recording	Simms
	12:15- 2:00	Adult Education	Lunch Conference	Porter
	2:00- 4:00	208 B	Creation of Recording System	Staff
23	9:00-12:00	H.D. Conf. Room	Creation of Recording System	Staff
	1:00- 4:00	208 B	Creation of Recording System	Staff
24	9:00-12:00	H.D. Conf. Room	Creation of Recording System	Staff
	1:00- 3:00	208 B	Exploration of Roles	Funaro
27	9:00-12:00	NN-204	Recording System	Staff
	1:00- 4:00	H.D. Conf. Room	Recording System	Staff
28	9:00-12:00	NN-204	Recording System	Staff
	1:00- 4:00	208 B	Recording System	Staff
29	9:00-12:00	208 B	Recording System	Staff
	1:00- 4:00	208 B	Recording System	Staff
30	Holiday			
31	9:00-12:00	Reading Center	Assessment of Reading Development	Wilson and Staff
June 3	9:00-11:00	208 B	Reading Materials & Methods	Staff
	11:00- 4:00	208 B	Examination of Reading Materials	Staff
4	9:00-11:30	208 B	Reading Materials & Methods	Staff
	12:00- 2:00	Adult Education	Lunch with Dean Anderson	
	2:30- 4:00	208	Examination of Reading Materials	Staff
June 5	9:00-12:00	223	Reading Materials & Methods	Staff
	12:15- 2:00	Adult Education Room D	Lunch Conference	Porter
	2:30- 4:00	208 B	Examination of Reading Materials	Staff

APPENDIX C

When		Where	What	Who
June 6	9:00-12:00	321	Examination of Reading Materials	Staff
	1:00- 4:00	105	Mathematics Materials & Methods	Ashlock
7	9:00- 4:00	208 B	Examination of Materials & Methods	Staff
10	9:00-10:30	105	Reading Methods and Materials	Staff
	10:30- 4:00	105	Methods and Materials	
11	10:00-12:00	Demonstration Class	Diagnostic Testing	Simms
	1:00- 4:00	105	Discussion of Testing	Simms
12	9:00-12:00	105	Methods and Materials	
	12:15- 2:00	Adult Education	Lunch Conference	Porter
	2:15- 4:00	105	Methods and Materials	
13	9:00-10:00	105	Language Arts Methods and Materials	Staff
	10:00- 4:00	105	Methods and Materials	
14	9:00-10:00	105	Language Arts Methods and Materials	Staff
	10:00- 4:00	105	Methods and Materials	
17	9:00-12:00	105	Visual-Perceptual Methods and Materials	Lokerson
	1:00- 4:00	105	Diagnostic and Prescriptive Methods and Materials	Staff
18	9:00- 4:00	105	Diagnostic and Prescriptive Methods and Materials	Staff
19	9:45-12:00	319	Continued Exploration of Roles	Funaro
	1:00- 4:00	105	Diagnostic and Prescriptive Methods and Materials	Staff
20	9:00- 4:00	105	Diagnostic and Prescriptive Methods and Materials	Staff
21	9:00- 4:00	105	Diagnostic and Prescriptive Methods and Materials	Staff

APPENDIX C

FOCUS INSTITUTE STAFF AND CONSULTANTS

ASHLOCK, Dr. Robert B. (Assistant Professor)
Department of Early Childhood Education
College of Education, University of Maryland

BALDWIN, Dr. Ruth (Consultant)
Medical School, University of Maryland
Baltimore, Maryland 21205

CAMPBELL, Mrs. Dorothy (Lecturer)
Department of Special Education
College of Education, University of Maryland

CHAPIN, Dr. John (Associate Professor)
Institute for Child Study
College of Education, University of Maryland

CICCI, Miss Regina (Consultant)
Department of Ear, Nose, and Throat
University of Maryland Medical School
Baltimore, Maryland 21201

CRAVEN, Mrs. Dorothy (Assistant Professor)
Department of Speech and Hearing
University of Maryland

DEEM, Dr. Michael A. (Consultant)
Department of Neurology
Children's Hospital, Washington, D.C.

FUNARO, Dr. George (Assistant Professor)
Department of Secondary Education
College of Education, University of Maryland

HEBELER, Dr. Jean R. (Professor)
Head, Department of Special Education
College of Education, University of Maryland

JACOBSON, Dr. Stanley B. (Consultant)
2930 New Castle Avenue
Silver Spring, Maryland 20910

JANUS, Mr. Robert (Consultant)
Capitol Heights Special Center
61st and Central Avenue
Capitol Heights, Maryland 20027

LOKERSON, Miss Jean E. (Staff doctoral fellow)
Department of Special Education
College of Education, University of Maryland

APPENDIX C

MCNARY, Mrs. Shirley (Consultant)
Pathway School
Norristown, Pennsylvania 19404

O'TOOLE, Dr. Thomas (Consultant)
217 Rolling Road
Gaithersburg, Maryland 20760

RAPPAPORT, Dr. Sheldon, President (Consultant)
Pathway School
Norristown, Pennsylvania

SCHRAMM, Mr. Carl
Educational Technology Center
College of Education, University of Maryland

SIMMS, Dr. Betty (Associate Professor)
Department of Special Education
College of Education, University of Maryland

WILSON, Dr. Robert M. (Associate Professor)
Department of Early Childhood Education
College of Education, University of Maryland

WISEMAN, Dr. Douglas E. (Associate Professor)
Department of Special Education
College of Education, University of Maryland

APPENDIX C

FOCUS Consultant Evaluation

Consultant____________________________

time alotted was	too short	about right	too long
subject presented was	not pertinent	pertinent	very pertinent
presentation was	too practical	about right	too theoretical
	too structured	about right	too unstructured
	too simple	about right	too difficult
consultant was	too formal	about right	too informal
	poorly prepared	prepared	well prepared

Was sufficient time allowed for questions? Yes No

Did you feel prepared with respect to:

background reading	Yes	No	research	Yes	No
bibliography	Yes	No	bibliography	Yes	No
other reading	Yes	No	other reading	Yes	No
			speaker	Yes	No
vocabulary	Yes	No	functional application	Yes	No
prior to talk	Yes	No	to past experience	Yes	No
during talk	Yes	No	to reading	Yes	No

Suggestions: (experiences to add, delete, alter)

Preparation for consultant:____

____

____

Subject:____

____

____

Presentation:____

____

____

Other Suggestions:____

Recommend having person for later Institutes for similar presentation? Yes No

APPENDIX C

Montgomery County Public Schools
850 North Washington Street * Rockville, Maryland * 20850
Telephone (301) 762-5000

June 21, 1968

Congratulations on completing the Project FOCUS Institute at the University of Maryland. Your participation during the 51 days of the Institute was exemplary both in attitude and effort.

The responsibilities you carry in Project FOCUS are great, but we are confident that the reward of working with the children will be greater.

Please accept our best wishes for many satisfying and successful experiences as you begin your new responsibilities.

Sincerely yours,

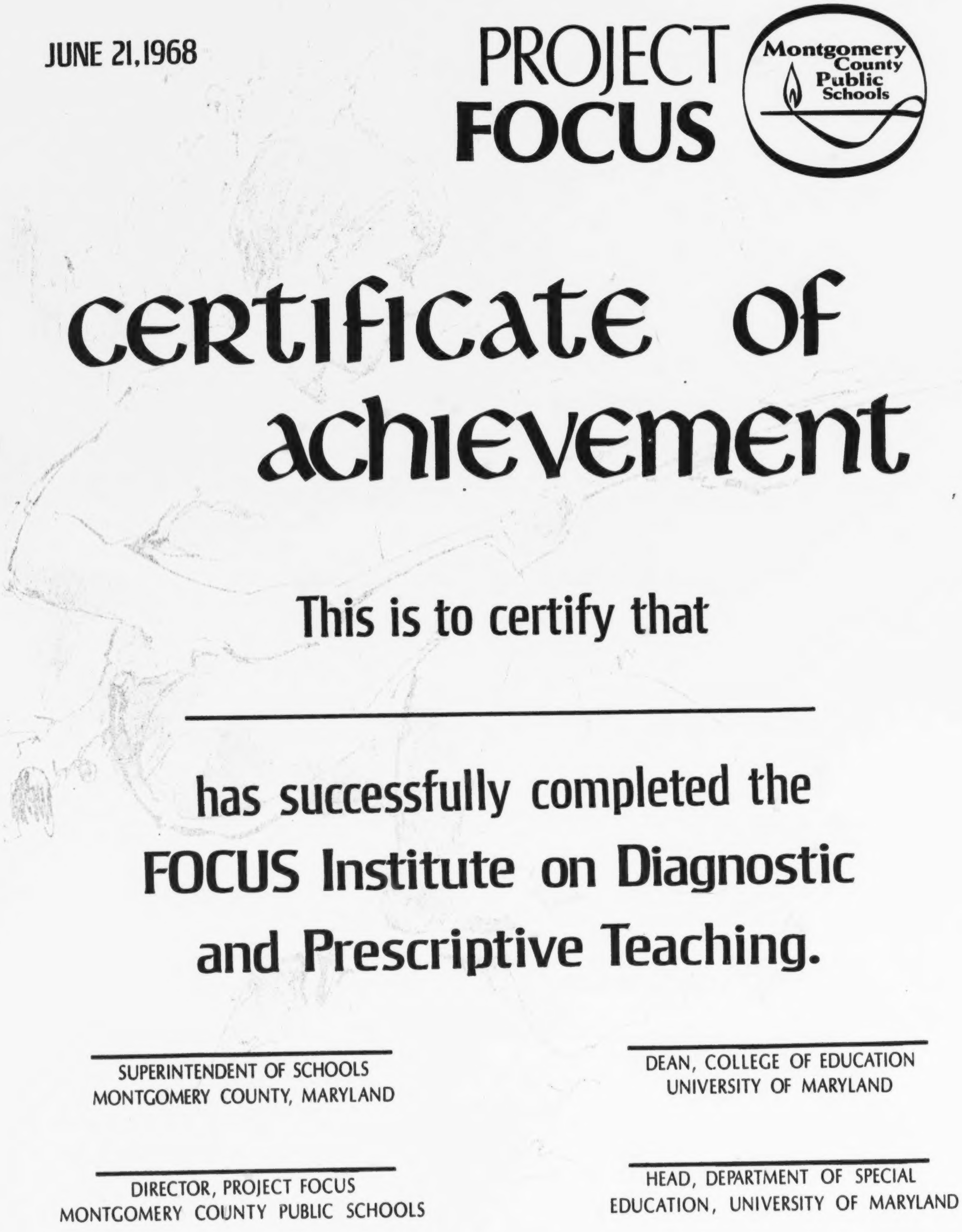
Homer O. Elseroad
Superintendent of Schools

Jean R. Hebeler
Director
Department of Special Education
University of Maryland

HOE/JRH:lsm

Copy to:
Department of Personnel

APPENDIX C



JUNE 21,1968

PROJECT FOCUS

Montgomery County Public Schools

certificate of achievement

This is to certify that

____

has successfully completed the FOCUS Institute on Diagnostic and Prescriptive Teaching.

SUPERINTENDENT OF SCHOOLS
MONTGOMERY COUNTY, MARYLAND

DEAN, COLLEGE OF EDUCATION
UNIVERSITY OF MARYLAND

DIRECTOR, PROJECT FOCUS
MONTGOMERY COUNTY PUBLIC SCHOOLS

HEAD, DEPARTMENT OF SPECIAL EDUCATION, UNIVERSITY OF MARYLAND

APPENDIX C

PROJECT FOCUS

Title III, ESEA
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

WORKSHOP FOR RELIEF TEACHERS

Date and Place	Activity	Staff Responsible
Tuesday, August 27 School to which assigned		
8:30 a.m. - 12:00 noon	Open faculty meeting	Principal and FOCUS Team Chairman
FOCUS Conference Room Larchmont School		
1:30 p.m. - 2:45 p.m.	Welcome	Bill Porter
	Background, Rationale, and Objectives of Project FOCUS	Cora Golder
3:00 p.m. - 4:00 p.m.	Project FOCUS Activities - March through August 1968	Bill Porter
	1. Identifying Children	Ray Yarashus
	2. Developing Staff	Sally Luke
	3. Teaching Children	Sally Luke
	4. Evaluating the Project	Bill Porter/Alan Dodd
	5. Communicating about the Project	Cora Golder
Wednesday, August 28 FOCUS Conference Room Larchmont School		
8:30 a.m. - 9:45 a.m.	Overview of Operation September	
	Procedures for Each School	Bill Porter
9:45 a.m. - 12:30 p.m.	Responsibilities as a Member of Project FOCUS Teaching Team	Sally Luke Bill Porter
	1. Tasks Planning and scheduling Maintaining records Making and procuring materials Observing and recording performance Participating in initial assessment Continuing professional development Relieving classroom teachers	

Date and Place	Activity	Staff Responsible
Wednesday, August 28 (continued)	2. Relationships Children Parents Other members of FOCUS Teaching Team FOCUS resource staff Classroom teachers Principal	
1:45 p.m. - 3:00 p.m. Lone Oak	Continue Morning Activity	Sally Luke Bill Porter
3:00 p.m. - 4:00 p.m.	Reactions and Suggestions	Sally Luke Cora Golder
Thursday, August 29 FOCUS Conference Room Larchmont School		
8:30 a.m. - 3:00 p.m.	Instructional Equipment Media Using Machines Making Materials	Ann Jett Sally Luke
3:00 p.m. - 4:00 p.m.	Summary	Bill Porter Sally Luke Cora Golder
Friday, August 29 School to which assigned		
8:30 a.m. - 4:00 p.m.	Initial Assessment Procedures	FOCUS Team Chairman

WRP:jle

Copy to:
- Dr. Joseph J. Tarallo
- Dr. J. P. Causey
- Dr. Harry Pitt
- Dr. Ernest Snodgrass
- Project FOCUS Principals
- Project FOCUS Staff
- Dr. Charles Proctor

APPENDIX C

PROJECT FOCUS
Title III, ESEA
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

MEMORANDUM

To: Project FOCUS Relief Teachers

From: Sally Luke, Program Specialist

Subject: Evaluation of Workshop

1. Briefly list which of your original expectations were met during this workshop.

2. List those expectations not covered in the workshop.

3. What aspect of this workshop was most significant to you?

4. What aspect was least significant?

5. Would you welcome a seminar type of meeting similar to this later in the school year?

Yes _____ No _____

8-27-68

APPENDIX C

University of Maryland
Department of Special Education

M E M O

To: FOCUS

From: Jean Lokerson

Date: Sept. 12, 1968

Below is the current revision of the Intern Workshop Schedule for September and October. Meetings will be held from 1:00 to 4:00 in the Special Education Department at the University of Maryland.

Date	Area	Content Summary	Tentative Resources
July 16	Orientation	Schedule; reading assignments	Miss Jean Lokerson
July 23	Conceptual approach to learning	Piaget, Bruner, Guilford	Mr. Nelson Dubois
July 30 Aug. 6	Psychological and Psychiatric information	TV tape demonstration, Binet, WISC, HTP, Vineland, Book About Me	Mrs. Betty Simms Mr. Leon Kreitman
Aug. 27	Medical, Physiological	Medication, neurological, visual acuity, field, focus	Dr. Suzanne Henry
Sept. 3	Speech and hearing	Articulation, language, acuity, field, audiogram	Mrs. Miriam Ulrich
Sept. 10	Holiday		
Sept. 17	Reading		Dr. Dorothy Sullivan
Sept. 24	Arithmetic		Dr. Robert Ashlock
Oct. 1	Standardized Achievement tests		Dr. Betty Simms
Oct. 15	Spelling, Writing		Mrs. Dorothy Campbell
Oct. 22	Visual and Auditory Perception		Miss Jean Lokerson
Oct. 29	Perceptual Motor		Mr. Robert Lanus

gb 9-68

APPENDIX C

GUIDE FOR FOCUS R.N.'S IN OBTAINING SCHOOL INFORMATION FOR SCHOOL MEDICAL ADVISOR AND FOCUS PHN

The following guidelines were established in an effort to improve and facilitate medical intervention for children referred to the health team in the weekly staff conferences on children in each of the four project schools. The FOCUS R.N.'s are requested to prepare that part of the nursing evaluation which takes place in school on children referred for problems other than completion of records or follow-up of health screening. The reports will aid the FOCUS PHN and physician and will facilitate decisions as to further action for the child.

Identifying Data:

Name, Sex, Birthdate	Date of Report
Address, Phone	Private Physician
School	Address
Parents - mother's maiden name	Phone

Presenting Problem and Source of Referral:

School Situation:

Current grade placement

Date of latest health inventory form, any significant notations made by the examining physician or parent

Date and result of the last vision and hearing test - if any abnormal results, reports of follow-up and recommendations

Attendance record - record information on reason for frequent absences

Any pertinent information on the CR9

List the agencies that the youngster is known to and make a list of the reports from any agency in the confidential file (Easter Seal, etc.)

Any special services which the youngster may be receiving in school (speech, remedial reading, etc.)

Any significant notations made by the classroom teacher on the record or from parent-teacher conference

Has the youngster ever been known or referred to PPW and for what reason?

APPENDIX C (cont.)

Have an interview with the classroom teacher to find youngster's outstanding problem:

a. With peer relation
b. Learning problems (level of performance)
c. Behavior problem (shy, restless, hyperactive, moody)
d. Health (tired, looks and acts ill)

Has youngster had a psychological test? Record date and recommendations.

If an evaluation has been done by the educational diagnostician, note and review to see if there were any physical or health concerns.

APPENDIX C

UNIVERSITY OF MARYLAND
COLLEGE OF EDUCATION
SPECIAL EDUCATION DEPARTMENT

MEMO

TO: Special Education Staff and Graduate Students
Project FOCUS
Reading Center Faculty; Speech Department Faculty

FROM: Jean R. Hebeler

DATE: November 6, 1968

RE: Special Education Seminar

Dr. Doris Johnson of Northwestern University, educator and co-author of a recent book, Learning Disabilities: Educational Principles and Practices, will be with our Department on Friday, November 15, 1968.

Dr. Johnson will meet with us on Friday, November 15, from 9:30 a.m. to 12:00 in Room 036 of the College of Education Building. In her presentation, she will discuss aspects of educational assessment and programming for language development in children.

This is an opportunity to meet with an informed American educator on a topic of importance. We look forward to seeing you there.

gb

If possible, we would be happy to have as many as possible join us. Perhaps one member of each schools' team would be appropriate. Let us know if it will be a sizeable number.

APPENDIX C

PROJECT FOCUS
Title III, ESEA
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

November 15, 1968

MEMORANDUM

To: Project FOCUS Staff

From: Alan Dodd, Director, 949-8875
Project FOCUS
Larchmont Elementary School

Subject: Topics for Staff Development Meetings of Total Project Staff

The list of topics on the attached sheet have been gleaned from the seminar evaluation sheets submitted by the project staff as well as informal suggestions. Please rank the three topics you think are of greatest concern to the total staff by using "1" to indicate the highest priority. Please add additional items of concern to you.

List the three topics in order of priority which you want dealt with first by the total teaching staff.

ALD:jm

Attachment

APPENDIX C

Attachment to Memo of November 15, 1968, regarding Topics for Staff Development Meetings of Total Project Staff

Note: Please add any additional topics of concern you may have. Rank them in order of importance to you using the number "1" to indicate the highest priority.

____ Differentiating diagnosing (assessment) from diagnostic teaching.

____ Supplying concrete examples on how to find the specific need and then how how to plan the prescription using child's strengths and improving weaknesses.

____ Identifying developmental and sequential learning patterns in each modality.

____ Guiding the child in processing the organization of each learning task.

____ Providing specifics in working with children with memory problems, e.g., aphasoid characteristics.

____ Suggesting specific ideas for prescriptive teaching.

____ Defining perceptions growing out of sense modalities.

____ Analyzing assessment procedures.

____ Zeroing in on a child's style of learning in informal assessment.

____ Learning language development.

____ Working around a specific learning area to utilize existing materials and/or to create new materials.

____ Working around a specific material to explore its possibilities.

____ Utilizing of equipment.

____ Observing children and translating what you see into words.

____ Training in recording performance in terms of specific vocabulary.

____ Affecting change in working with classroom teachers.

____ Avoiding pitfalls in working with parents.

____ Other:

11-14-68

APPENDIX C

PROJECT FOCUS
Title III, ESEA
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

December 13, 1968

MEMORANDUM

To: FOCUS Teachers

From: Sally Luke, Program Specialist

Subject: Seminar

The Instructional seminar will be held at Lone Oak School on Wednesday, December 18, 1968, from 1:30 to 4:00 p.m.

Theme: Auditory Perceptual Problems in Children

Purposes of this meeting:

1. To provide training and practice for all FOCUS teachers in administering, scoring, and interpreting the Illinois Test of Psycholinguistic Test.
2. To plan how tapes, EFI materials, and other instructional materials can be applied to remediate auditory deficits shown by the ITPA.

Schedule:

1:30 - 1:45	Explanation of procedure
1:45 - 3:00	Practice with ITPA
3:00 - 3:15	Break
3:15 - 3:45	Discussion and demonstration of materials
3:45 - 4:00	Evaluation

Please bring your ITPA kit and any tapes and/or EFI materials you have made.

SL:jm

Approved:

Alan L. Dodd, Director, Project FOCUS

Copy to:
FOCUS Resource Staff
FOCUS Principals
Dr. Joseph J. Tarallo

APPENDIX C

PROJECT FOCUS
Title III, ESEA
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

MEMORANDUM

To: Staff of Project FOCUS

From: Ann M. Jett, Instructional Materials Specialist

Subject: Periodicals ordered 1968-1969

Professional:
- Academic Therapy
- Arithmetic Teacher
- Audio-Visual Instruction
- Behavior Research and Therapy
- Child Development
- Children
- Educational and Psychological Measurement Journal
- Educator's Guide to Media and Methods
- Elementary English
- Grade Teacher
- Instructor
- It Starts in the Classroom -- Nat. School Public Relations Assoc.
- Journal of Experimental Education
- Journal of Special Education
- Paragraphs -- Nat. School Public Relations Assoc.
- Rehabilitation Literature
- Theory into Practice
- Trends -- Nat. School Public Relations Assoc.
- Research in Education
- Six Local Newspapers

AMJ:jm

APPENDIX D

COORDINATION OF PROJECT WITH SCHOOL SYSTEM AND COMMUNITY

APPENDIX D: Letter to 42 volunteers from community who assisted the staff with pre-Kindergarten screening at Twinbrook Elementary School.

PROJECT FOCUS
Montgomery County Public Schools
Rockville, Maryland

May 22, 1968

Dear Mrs. ____________________:

The Project FOCUS staff is very grateful to you for the many hours you devoted to helping with the preschool conference at Twinbrook Elementary School. Your participation in this conference significantly contributed to its success.

Please accept our sincere thanks for all your efforts.

Sincerely,

William R. Porter
Director
Project FOCUS

Jack Matheny
Principal
Twinbrook Elementary School

WRP/JM:ew

APPENDIX D

PROJECT FOCUS
Montgomery County Public Schools
Rockville, Maryland
May 29, 1968

MEMORANDUM

To: Child Development Team, Project FOCUS

From: Esther F. Samler
Child Development Team Supervisor
Project FOCUS

Subject: Coordinating Efforts of Project FOCUS Team and Pupil Services

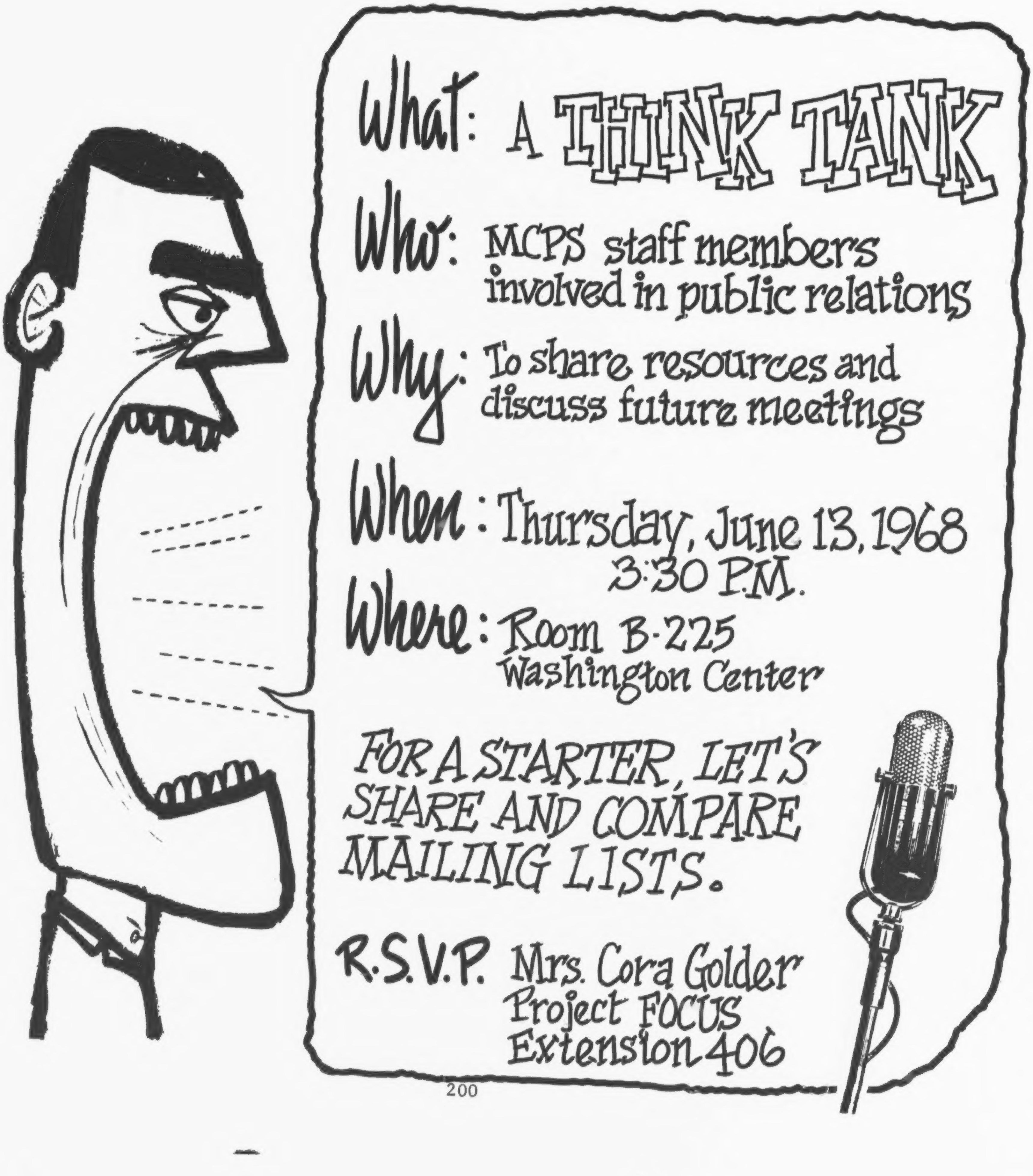
In order to provide for the continuity of case services in Project FOCUS schools for children in Grades K-3 with whom pupil services staff has currently been working, the procedures outlined below will be followed:

1. Upon completion of the case conferences the Project FOCUS staff will compile a list of children referred for Project FOCUS services.
2. Copies of this list will be sent to the Pupil Services area offices which serve the four Project FOCUS schools.
3. Children on this list who have been in the case load of the area office will be identified by the area office.
4. Cases of such children will be considered in individual conferences involving Project FOCUS staff, the pupil personnel worker who has been active in the case, and the principal. Decisions will be reached together about the continued handling of the case.

EFS:ew

Copy to:
Mrs. Wire
Mr. Crockett
Mr. Matheny
Mr. Mohr
Dr. Causey
Dr. Pitt
Dr. Snodgrass
Mr. Knight
Area Pupil Services Supervisors (4)
Mr. Porter
Mrs. Golder

APPENDIX D



What: A THINK TANK

Who: MCPS staff members involved in public relations

Why: To share resources and discuss future meetings

When: Thursday, June 13, 1968
3:30 P.M.

Where: Room B-225
Washington Center

FOR A STARTER, LET'S SHARE AND COMPARE MAILING LISTS.

R.S.V.P. Mrs. Cora Golder
Project FOCUS
Extension 406

APPENDIX D

Montgomery
County
Public
Schools

850 North Washington Street • Rockville, Maryland • 20850
Telephone (301) 762-5000

July 15, 1968

Very Rev. Msgr. Thomas W. Lyons
Director of Education
Archiocese of Washington
1200 Seventeenth Street, N.W.
Room 306
Washington, D.C. 20036

Dear Father Lyons:

Thank you for meeting with us last Wednesday to discuss ways children with learning problems who reside in the Project FOCUS pilot school areas and attend Catholic schools can take advantage of the services of this project that are provided through Title III, ESEA funds. It is our understanding that this will involve St. Mary's in Rockville, St. Jude's in Wheaton and possibly St. Catherine's, depending on the Connecticut Park School boundaries.

Since the participation of the regular classroom teachers is so vital to the goals of Project FOCUS, we will conduct a workshop beginning in September for the faculties of the project schools. The teachers of the Catholic schools are invited to participate. Attendance at the workshop will be voluntary since it will be necessary to hold the sessions either weekly or biweekly after school hours.

With the workshop providing an introduction to the objectives and activities of FOCUS, children will be identified for services from St. Mary's, St. Jude's and possibly St. Catherine's after November 1, 1968, when the project enters its second phase. Referrals of children in November should work quite well, since children in the project schools will be identified at the same time. In the event that more children are identified than can be served, the same criteria for providing services will be applied if the child is attending one of the four project schools or one of the two or three aforementioned Catholic schools.

As you so aptly said during one conference, "the operation of Project FOCUS is an unchartered course through which we must find our way." Many of the problems regarding implementation cannot be foreseen and will have to be solved as we go along.

APPENDIX D

If you or the principals of the schools have questions, we would be pleased to hear from you. As soon as we complete preliminary planning for the workshop, we will need to confer with you and the principals.

Sincerely,

William R. Porter

William R. Porter
Director
Project FOCUS

WRP:jle

Copy to:
Dr. Joseph J. Tarallo
Project FOCUS Staff
Project FOCUS Principals
Project FOCUS Area Directors

APPENDIX D

PROJECT FOCUS
Title III, ESEA
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

July 29, 1968

MEMORANDUM

To: Dr. Joseph J. Tarallo
Assistant Superintendent for Administration

From: William R. Porter, Director, 949-8875 Bill
Project FOCUS
Larchmont Elementary School

Subject: Central Registry of What's Going On

Since we began work on the planning project in the spring of 1966, we have been impressed repeatedly that there are many things occurring in the school system about which most people are totally ignorant. For example, we have learned that there are several potentially significant activities that could be classified under the rubric of screening for learning problems. The result is duplication of effort and minimal return on investment of staff and money.

If a registry existed then staff could be expected to check before launching a new activity. It seems to me that some kind of registry could be established that would not be so complicated to inhibit innovation. Such a registry would at least allow people to determine if there are others in the system engaged in activities that are relevant to an activity they are considering. Please understand that I am talking about a clearinghouse for information on these activities not an establishment with any control whatsoever.

Stated another way, I mean that the control and decision-making for any kind of new venture would stay right where it is today, but there would be a requirement on people engaged in changing practices to make brief reports on these practices. These reports could be assembled as a central registry.

I realize that this has been suggested by others long ago. Perhaps it never got off the ground because the suggestor was distrusted by others in what might have appeared to be empire-building. Hopefully, this inhibiting force will not rear its head now because FOCUS could be nothing more than a contributor to the registry.

I would be pleased to discuss this suggestion at your convenience.

WRP:jle

Copy to:
Dr. James Craig
Mr. William C. Feddeman

APPENDIX E

CONTACT WITH COOPERATING AGENCIES

APPENDIX E

RECEIVED MAY 2 1968

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
WASHINGTON, D.C. 20201

NATIONAL CENTER FOR
HEALTH STATISTICS

April 30, 1968
REFER TO:

Mrs. Esther F. Samler
Supervisor, Child Development Team
Project FOCUS, Title III, ESEA
Montgomery County Public Schools
850 North Washington Street
Rockville, Maryland 20850

Dear Mrs. Samler:

This is in reply to your letter of April 22, 1968, in which you ask permission to use and/or paraphrase the "Supplemental Information from Schools" form which we use in the Health Examination Survey. I am happy to say that you are entirely free to use this form or to adopt it as you see fit. One of the mission of the work we do is to be of assistance to other persons working in the broad field of health by making available to them not only the published findings of our surveys, but also much of the methodological work as well.

I am assuming that you have the form as it was published in the appendix to our program description report, Series 1, No. 5. I am enclosing a listing of the various NCHS reports in the broad Series 1000 for your information in case there are others you do not have and would be interested in receiving.

The report form used to collect data from the schools in our program which examined children aged 6-11 years and which, as stated above, has been published was modified somewhat for use with the older population of youth aged 12-17 years now being surveyed. I am enclosing copies of both the earlier and the later form. Some of the changes were made because of the differences in the two population groups, but some were improvements in format or wording of questions designed to elicit the same information. You are free to use or adapt either of these forms as you see fit.

Thank you for your interest in our program. If we can be of further assistance, please feel free to communicate with us.

Sincerely yours,

Arthur J. McDowell
Director, Division of Health
Examination Statistics

Enclosures

APPENDIX E

Prevention of Blindness Society OF METROPOLITAN WASHINGTON

917 - 15th STREET, N.W. • WASHINGTON, D.C. 20005 • 737-0377

June 11, 1968

Mrs. Ann Thear
Project Focus
Montgomery County Public Schools
850 N. Washington Street
Rockville, Maryland 20850

Dear Ann,

Enclosed you will find a summary of the complete vision screening program for the two kindergarten round-ups in Project Focus as well as the tabulations of muscle balance findings in the screening of K-3 at Twinbrook Elementary and Rosemary Hills Elementary. I realize that Project Focus probably has a master summary but thought this might be of some use in a specialized discussion of vision status in the future.

Also enclosed for your own use is a time survey in regard to work put into the vision screening portion for Project Focus. It is, of necessity, a rough approximation is certain areas.

It has been a real pleasure to work with you--through thick and thin!--and I hope we may have a future opportunity to compare notes.

My very best regards,

Mrs. Margaret B. Kenealy
Consultant, Pre-School Vision Screening Program

Enclosure:
- 1 summary of screening
- 1 summary of time

JOHN W. MCTIGUE, M.D.
President
MISS ANNA BELLE O'BRIEN
First Vice President

MRS. CARLETON D. SMITH
Second Vice President
MR. ALLEN E. BEACH
Secretary
MR. AUBREY H. STARKE
Treasurer

Executive Committee
Members-at-Large
MRS. CARL L. SHIPLEY
MRS. JOHN H. SIMMS
MRS. THOMAS B. HEFFELFINGER

MISS HELEN CURTIS DEMARY
Executive Director
MRS. MARTHA ELLIOTT
Health Educator

Affiliated with the National Society for the Prevention of Blindness

HEALTH AND WELFARE COUNCIL MEMBER SHARING IN UNITED GIVERS FUND

APPENDIX E

RECEIVED JAN 3 1969

Montgomery County Maryland

Department of
Public Health

County Office Building
Rockville, Maryland 20850

Area Code 301
279-1627

December 24, 1968

Dr. Alan Dodd, Director
Project Focus
Larchmont Elementary School
9411 Connecticut Avenue
Kensington, Maryland 20795

Dear Dr. Dodd:

Belatedly, but still sincerely, I would like to express our appreciation to you and the other staff members of Project Focus for your help in putting on our "Ozer Institute". Will you express our particular thanks to Mr. Jim Wills and Mrs. Ann Jett who were of prime assistance to Mrs. Thear.

We all feel that this specific neurological evaluation will be a valuable addition to our school physicians' armamentarium. We hope that those parts of the presentation in which your staff were involved were of value to the aims of Project Focus.

Sincerely yours,

Ruth-Alice Asbed

Ruth-Alice Asbed, M.D., Chief
Division of Clinic Services

RAA/mfb
cc: Dr. Chabon
Dr. Henry
PHN Thear

Merry Christmas!

APPENDIX F

DISSEMINATION

APPENDIX F

Project FOCUS

WHAT IS PROJECT FOCUS?

FOCUS is a new pilot program in the Montgomery County public school system for children who need additional help in elementary school. This project will identify children who need additional attention and will seek effective ways to help them as early as possible.

WHY HAVE SUCH A PROJECT?

Research shows that children have a greater chance for success in school if needs are recognized and met early. The federal government is providing the funds to find better ways of identifying and meeting these needs early.

WHERE IS THE PROJECT BEING CARRIED ON?

In the following four elementary schools: Connecticut Park, Lone Oak, Rosemary Hills and Twinbrook. The children who are selected remain a part of their regular classroom while receiving the services of Project FOCUS.

WHO BENEFITS FROM PROJECT FOCUS?

Children in pre-Kindergarten through Grade 4 who indicate a need for additional attention are eligible this year. Next year the program will also include children in Grade 5.

HOW DOES FOCUS WORK?

First the children who need some additional help are identified through screening procedures or teacher referral. Then a team of specially trained teachers who are assigned full time to each of the four elementary schools works with the children and their regular classroom teachers. Specialists and consultants such as speech therapists and medical advisors are available when needed. The project is a part of the regular school program, not a substitute for it.

WHEN DID PROJECT FOCUS START?

The project was funded March 1, 1968, and is scheduled to continue through October, 1970. Many of the children who need additional help were identified last spring. Some of these children received individualized instruction during the summer. Other children selected will be helped during the school year.

MONTGOMERY COUNTY PUBLIC SCHOOLS
ROCKVILLE, MARYLAND HOMER O. ELSEROAD SUPERINTENDENT OF SCHOOLS

APPENDIX F: Article taken from the Lone Oak Elementary School's April, 1968, newsletter, "Lone Oak Leaf," Vol. 1, No. 8

GOOD NEWS

Lone Oak School is one of four schools in Montgomery County that will receive services provided by Title III of the Elementary and Secondary Education Act of 1965 (Public Law 89-10).

These services will consist of a team of four specially trained teachers who will work directly with classroom teachers in Kindergarten through Grade Four in identifying, diagnosing, and prescribing methods to help children who have underdeveloped skills.

This service, known as "Project FOCUS," proposes to develop and institute modified approaches to educational problems of children through early detection, referral and planned programs to improve the functioning of the child within his total environment.

The faculty of your school feels very fortunate to receive this service which will better help them to help the child with learning difficulties.

This program will be described in greater detail at one of our future PTA meetings.

APPENDIX F

ROSEMARY HILLS SCHOOL
Sundale Drive and Porter Road
Silver Spring, Maryland
Office of the Principal
Telephone Juniper 9-1868

May 3, 1968

Dear Parents:

When your child enters Rosemary Hills Elementary School this fall, he will be attending one of four Montgomery County public schools in which Project FOCUS will be operating. Project FOCUS is a program which is attempting to identify as early as possible the special needs of children in learning and related areas and provide additional services which will help to meet these needs.

In order to help us plan the best possible educational program for your child, we would like to learn more about him and his individual needs. We recommend, therefore, that you arrange to spend about an hour at the school when you attend your child's preschool conference. If you have younger children, it would be advisable that you provide suitable arrangements for them so that both you and your pre-Kindergarten child will have a most pleasant experience at this conference.

As part of the preschool conference, Project FOCUS in conjunction with the Montgomery County Health Department is including a vision and hearing screening program. The purpose of this screening is to detect signs of defects in children as early as possible so they may be corrected with good results.

An "E" symbol is used in vision screening. Please read the enclosed instructions and practice the "E Game" with your child for a few days before coming to the conference. Trained Health Department personnel will conduct the screening. The results of the screening will be sent to you at a later date.

Sincerely,

(Signed)

John H. Mohr
Principal

JHM:lsm

Enclosure

APPENDIX F

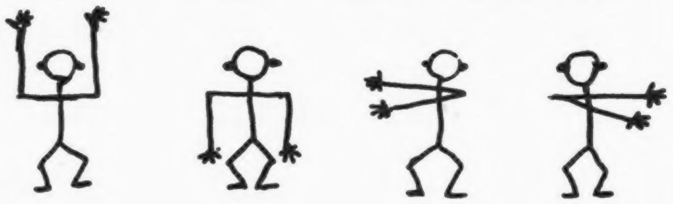
"SHOW AND TELL WHICH WAY THE FINGERS POINT"

A Vision Screening Game

DIRECTIONS:

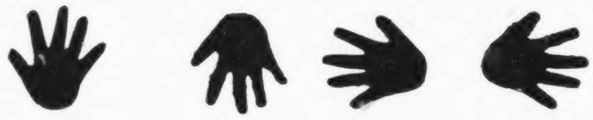
1. Tell the child to point his arm as you do .....

up down and to each side

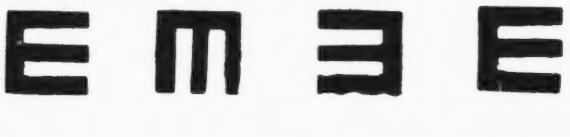


2. Cut out the ✋ and E cards along dotted lines, paste on cardboard for ease of use.

3. Use the ✋ card. Tell the child to point his fingers the same way ..... again using full arm movements.



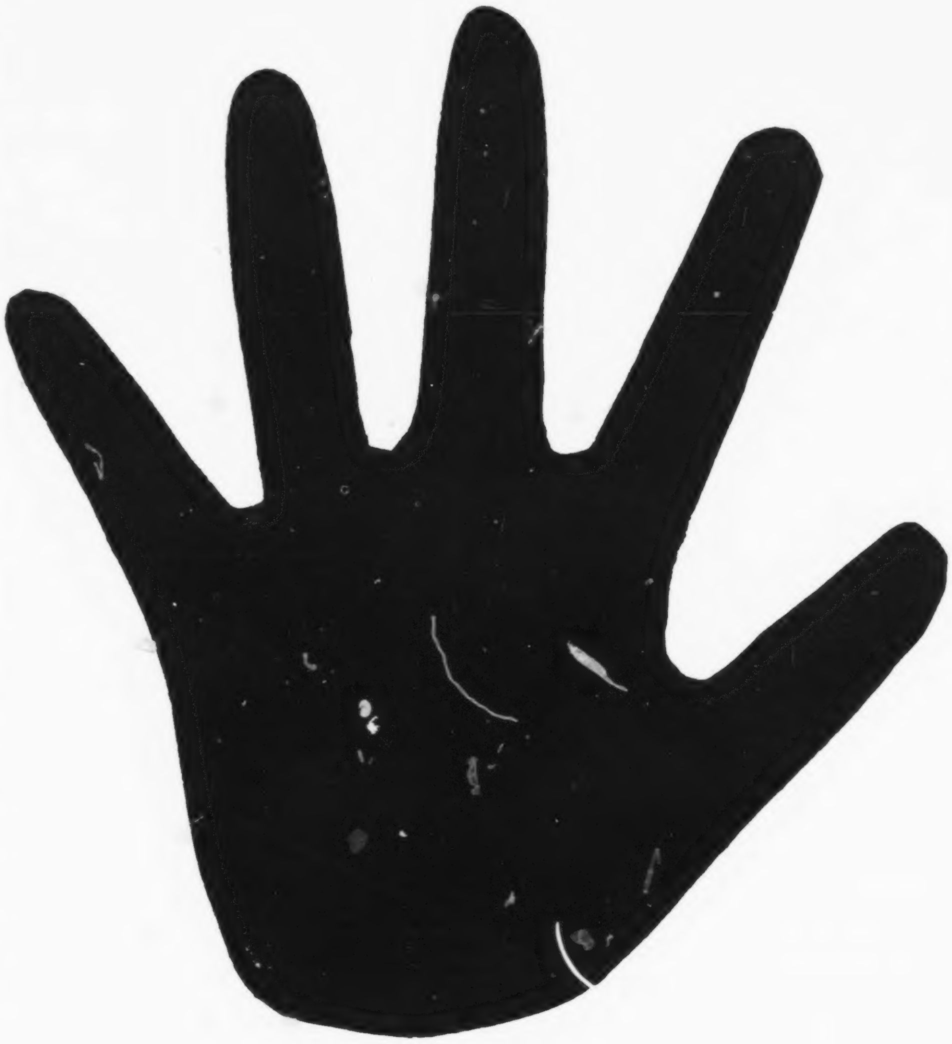
4. Use the E card instead of the ✋ card. Tell the child to point his fingers the same way .....continue using full arm movements.

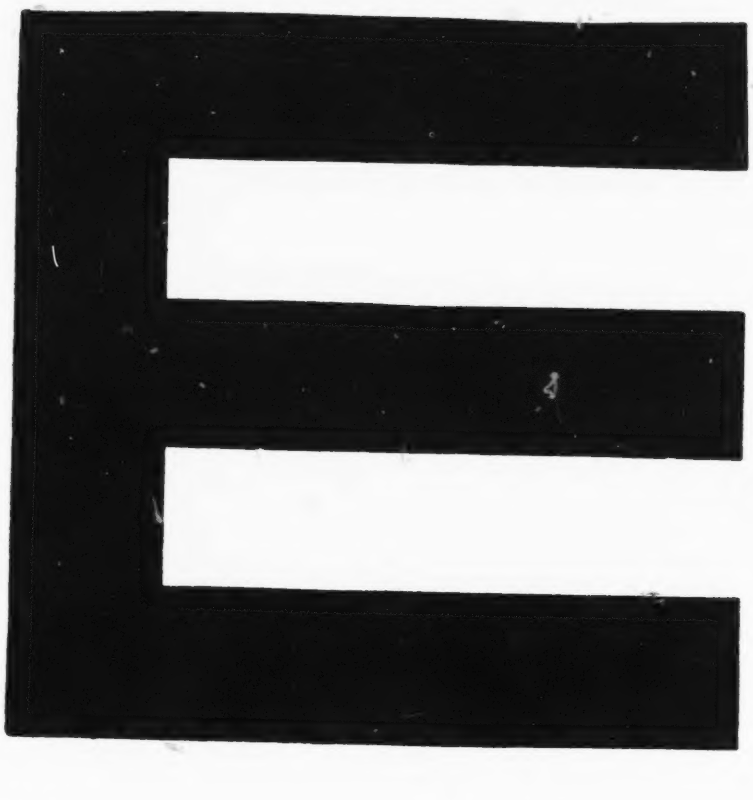


5. Practice with the E card until the child knows the game. Vary the direction in which the E points.

Review the game with the E card immediately before the vision screening takes place.

Oct. 1967 Reprint with permission from Maryland Society for the Prevention of Blindness





APPENDIX F

CONNECTICUT PARK ELEMENTARY SCHOOL
12518 Greenly Drive
Silver Spring, Maryland

June 18, 1968

BULLETIN TO PARENTS: 1968 - #25

Connecticut Park Chosen for PROJECT FOCUS

Project FOCUS, a new three-year program in the Montgomery County Public Schools, has been funded under Title III, ESEA. This program will attempt to identify children who need additional help to succeed in school and to seek ways to provide that help as early as possible.

The project, which is a 12-month program, became operational March 1, with an initial grant of $327,281 and is expected to be funded through October 31, 1970. During the first year, children pre-kindergarten through grade 3 will be helped who indicate a need for additional attention. Grade 4 will be added the second year and Grade 5 the final year. The program will operate in four elementary schools in the county: Connecticut Park, Lone Oak, Rosemary Hills, and Twinbrook. Other schools will participate as control schools to help measure the effectiveness of the program.

Since children have a greater chance for success in school if their needs are recognized early, one project goal is to find reliable, efficient ways to identify those who need help even before they enter school. An important aspect of the identification program is to develop screening devices that can be administered by the existing school staff to identify problems in any growth area, mental, physical, social, and emotional. Once the children have been identified, a team of specially trained teachers will begin work to help them.

The project is part of the regular school program, not a substitute for it. A team of four teachers and a teacher assistant will be part of the school faculty and work cooperatively in the school setting with the existing staff. The diagnostic teacher, one member of the team, will determine the best methods for teaching the child. The prescriptive teacher will carry out those aspects of the program that require small group instruction or the use of specialized equipment. A third member of the team is the intern teacher, a certificated professional who will develop diagnostic and prescriptive skills in working with children. The fourth professional member of the project team is the relief teacher who will allow the classroom teacher to participate as a team member during the school day. In addition, a teacher assistant will perform a variety of clerical and other non-teaching tasks for the team. The diagnostic and prescriptive teachers are attending a special 51-day institute at the University of Maryland before they begin their work with children.

A project team will operate in many different ways depending on the needs of the child. A child may spend as much as a half day with the project team in a special classroom. In other cases, the classroom teacher will carry out the teaching prescription and provide feedback to the team. Another child might be referred to a community agency outside the school system for help.

Mary B. Wire
Principal

MBW:aln

APPENDIX F

LONE OAK ELEMENTARY SCHOOL
1010 Grandin Avenue
Rockville, Maryland 20851

June 28, 1969

Dear Parents,

Because children learn differently and at different rates of speed, it is to their advantage if we can work individually with them to better determine their needs.

Lone Oak School will receive the services of three specially trained teachers who will be working directly with a few children at our school this summer to help diagnose needs and prescribe methods of teaching which will best help them succeed in school. This service will be limited to a few children in kindergarten through grade 4.

Your child has been recommended for this service. One of the teachers, Mrs. Muellen, Miss Stoker or Mrs. Webb, will be calling sometime within the next week to arrange a conference with you and to schedule time with your child. At the time you receive your phone call, please feel free to ask any questions you may have regarding this program.

Sincerely,

Clifton S. Crockett

Clifton S. Crockett
Principal

CSC:nr

APPENDIX F

LONE OAK ELEMENTARY SCHOOL
1010 Grandin Avenue
Rockville, Maryland

Dear Parents,

At the beginning of this school year, we informed you about an added service that we at Lone Oak are fortunate to have at our school. This service is known as FOCUS and is designed to help the regular classroom teacher provide for the needs of all children in her class.

The classroom teacher refers any child whom she thinks needs additional attention. Our FOCUS Team works with the child to determine how he can best be helped and then relates to the classroom teacher their recommendations. Sometimes the team works with the child on a regular basis.

The purpose of this letter is to inform you that your child has been referred to FOCUS as a part of his regular school program. If you would like to make an appointment to discuss this in more detail, please feel free to call our office and arrange for an appointment.

Yours truly,

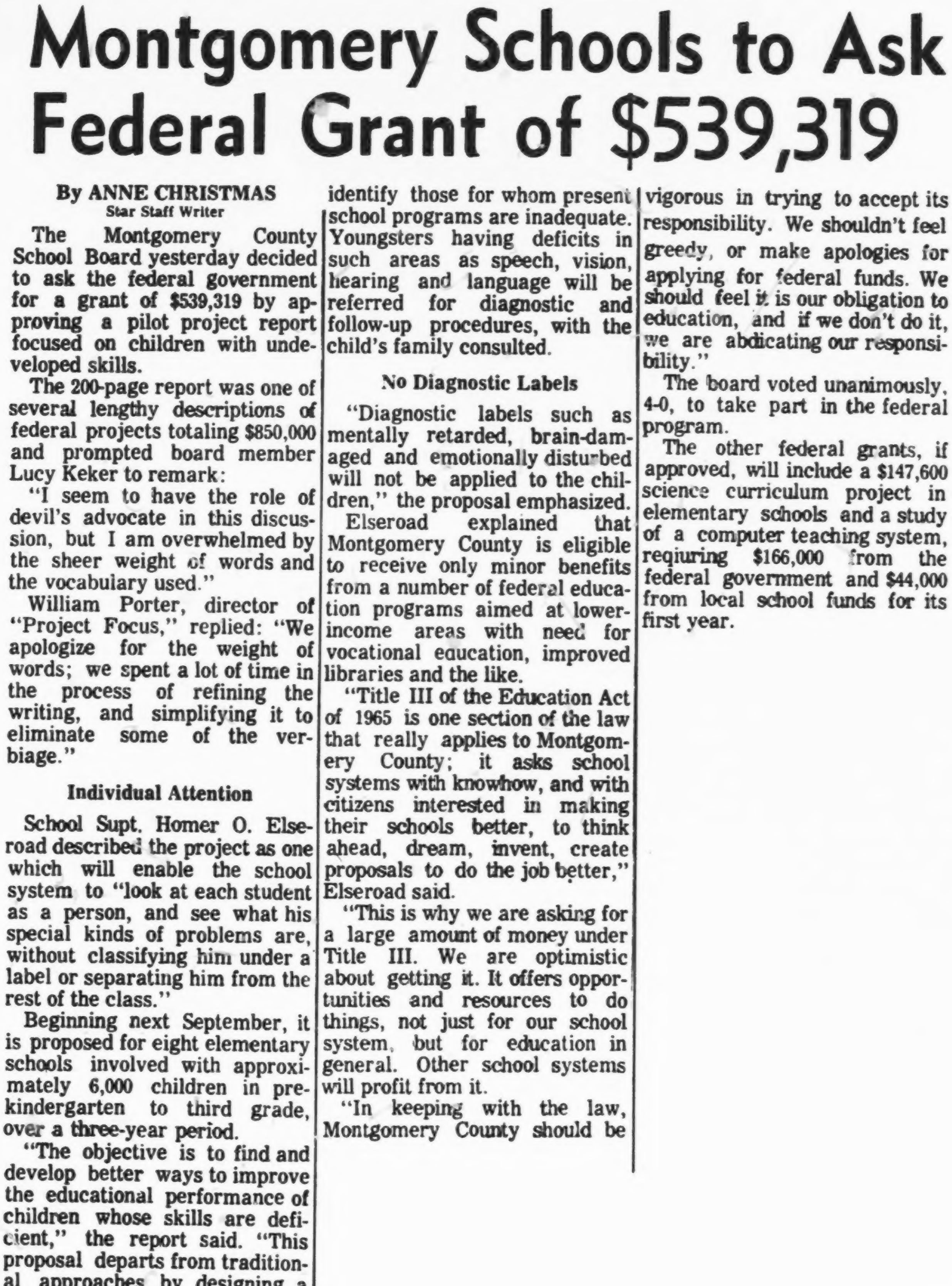
Clifton S. Crockett

Clifton S. Crockett
Principal

____
(Student's name)

APPENDIX F

WASHINGTON STAR - JUNE 14, 1967



Montgomery Schools to Ask Federal Grant of $539,319

By ANNE CHRISTMAS
Star Staff Writer

The Montgomery County School Board yesterday decided to ask the federal government for a grant of $539,319 by approving a pilot project report focused on children with undeveloped skills.

The 200-page report was one of several lengthy descriptions of federal projects totaling $850,000 and prompted board member Lucy Keker to remark:

"I seem to have the role of devil's advocate in this discussion, but I am overwhelmed by the sheer weight of words and the vocabulary used."

William Porter, director of "Project Focus," replied: "We apologize for the weight of words; we spent a lot of time in the process of refining the writing, and simplifying it to eliminate some of the verbiage."

Individual Attention

School Supt. Homer O. Elseroad described the project as one which will enable the school system to "look at each student as a person, and see what his special kinds of problems are, without classifying him under a label or separating him from the rest of the class."

Beginning next September, it is proposed for eight elementary schools involved with approximately 6,000 children in pre-kindergarten to third grade, over a three-year period.

"The objective is to find and develop better ways to improve the educational performance of children whose skills are deficient," the report said. "This proposal departs from traditional approaches by designing a partnership between diagnostic and educational procedures, with a school-based diagnostic team."

The children first will be screened systematically to identify those for whom present school programs are inadequate. Youngsters having deficits in such areas as speech, vision, hearing and language will be referred for diagnostic and follow-up procedures, with the child's family consulted.

No Diagnostic Labels

"Diagnostic labels such as mentally retarded, brain-damaged and emotionally disturbed will not be applied to the children," the proposal emphasized.

Elseroad explained that Montgomery County is eligible to receive only minor benefits from a number of federal education programs aimed at lower-income areas with need for vocational education, improved libraries and the like.

"Title III of the Education Act of 1965 is one section of the law that really applies to Montgomery County; it asks school systems with knowhow, and with citizens interested in making their schools better, to think ahead, dream, invent, create proposals to do the job better," Elseroad said.

"This is why we are asking for a large amount of money under Title III. We are optimistic about getting it. It offers opportunities and resources to do things, not just for our school system, but for education in general. Other school systems will profit from it.

"In keeping with the law, Montgomery County should be vigorous in trying to accept its responsibility. We shouldn't feel greedy, or make apologies for applying for federal funds. We should feel it is our obligation to education, and if we don't do it, we are abdicating our responsibility."

The board voted unanimously, 4-0, to take part in the federal program.

The other federal grants, if approved, will include a $147,600 science curriculum project in elementary schools and a study of a computer teaching system, reqiuring $166,000 from the federal government and $44,000 from local school funds for its first year.

APPENDIX F

the Superintendent's BULLETIN

Montgomery County Public Schools
1967-1968
ROCKVILLE, MARYLAND

Number 15
December 1, 1967

superintendent's corner

On October 10, 1966, in this space, I asked your cooperation in a project that was part of the work of the Office for Planning a Supplementary Education Center. This was the Inventory of Student Needs, a long document which each teacher was asked to complete for about eight of his pupils. Undoubtedly, this work required a lot of your time, and I want to report to you today on the success resulting from your efforts.

The original project, funded under ESEA Title III, ended September 30, 1967. In the final report, presented to the Board of Education on August 8, 1968, were eleven recommendations. These were based on the data developed by this project, of which the Inventory of Student Needs was a major part.

One of the eleven recommendations resulted in the application for an operational Title III grant--Project FOCUS. This project, now being considered by the Office of Education, will, if funded, involve six elementary schools and 4,500 pupils in a three-year program of "early identification, diagnostic and intervention processes to improve the educational performance of children." Your work on the Inventory of Student Needs materially aided in the development of this proposal.

The Board of Education is considering a proposal resulting from another of the original eleven recommendations. This deals with the establishment of a Center for Emotionally Handicapped Adolescents, Grades 6-12. Some action is expected on this proposal within several months. This proposal, too, was developed largely as a result of your work on the Inventory of Student Needs, as well as information from other studies.

My purpose today is to tell you that the work you did on the Inventory of Student Needs had a very important impact upon an action program and to thank you for the effort you put into the job. It has paid off and, as these and other programs continue to develop, it will continue to pay off in greater educational opportunities for children whom we have not been able to serve well in the past.

Copies of the report on the original Title III project (Volume 1) will be distributed to principals in the near future. I would encourage you to look at the results of the Inventory of Student Needs, as well as the recommendations. If you wish more information on this project or the other projects which are developing from the recommendations, please contact Mr. William Porter's office (762-5000, ext. 406).

APPENDIX F

RECORD - MARCH 15, 1968

Early Detection Project To Spot Slow Learners

Record 3 15-68

"Project Focus," an innovative program to detect and remedy learning problems in children from pre-school through fifth grade has been approved by the U. S. Office of Education and will begin operation April 1 in Montgomery County.

On Tuesday the Board of Education made seven appointments for the project. William R. Porter had been appointed director March 1, when the $327,281 grant was approved by the federal agency.

The Board had originally asked for a grant of $539,319 to begin last December and run through August. The original plan was to involve 4,000 children during the first phase, but since the grant has been reduced, the number of children will be less. Mrs. Esther F. Samler, who was appointed child development team supervisor, said it is impossible to estimate the exact number of children now because it depends on the schools chosen.

The first stage of the project will involve two activities --the screening of the children and the training of teachers. Twelve teachers will be working in Project Focus -- four diagnostic teachers, four prescriptive teachers, and four teacher interns. They are being chosen now.

Prescriptive and diagnostic teachers will then be given 60 days of training under the supervision of the University of Maryland. Part of the time they will be in the County, observing and doing diagnostic work, and part of the time they will be attending seminars at the University. The work with children will begin about July 1.

The teacher interns will be experienced teachers who will be working with the diagnostic teachers as a training project.

Four Variants

The research project will be set up with four variants. The first will consist of two schools which will have the screening process, and one diagnostic and one prescriptive classroom. This variant will also have a child development team which will consist of a team leader, a case coordinator, a psychologist, and a speech and hearing therapist.

The second variant will consist of two schools with the screening process, but no other services of Project Focus. If problems are discovered, the children will be referred through the principal to the usual services of the school system, the Department of Pupil Services.

Variant three will consist of two schools where there is no screening but children identified as needing help can be referred to the diagnostic and prescriptive classrooms and the child development team.

Variant four will include four or more schools matched as controls for evaluation. There will be no services of the project staff other than that of record keeping.

Screening

The screening team will try to ferret out all possible causes of learning difficulties --physical, social, and emotional. The diagnostic teachers will then try to determine what the problem is and the kind of remedy needed. When at all possible they will interpret this to the regular classroom teacher so that the child can remain in his usual classroom. Special instructional materials may be given the child.

If the child cannot be helped entirely in the classroom, he will go for part of the day to the prescriptive teacher and return to his regular class for the remainder of the time.

Screening of the pre-school children will be done in a similar way that the kindergarten roundup is now accomplished, Mrs. Samler said. Instead of registering all children in a school's area who will be five by December 31, the age will be lowered to all those who will be four by December 31.

Additional Phases

The first eight months of the project will involve children pre-school through third grade. The plan is to ask for a second phase of the project to be funded beginning November 1, 1968, and a third phase, November 1, 1969.

APPENDIX F

Montgomery County Public Schools

the Superintendent's BULLETIN

1967-1968 ROCKVILLE, MARYLAND

Number 36 May 27, 1968

PROJECT FOCUS

Project FOCUS, a new three-year program in the Montgomery County Public Schools, has been funded under Title III, ESEA. This program will attempt to identify children who need additional help to succeed in school and to seek ways to provide that help as early as possible.

The project, which is a 12-month program, became operational March 1, with an initial grant of $327,281 and is expected to be funded through k October 31, 1970. During the first year, children pre-kindergarten through grade 3 will be helped who indicate a need for additional attention. Grade 4 will be added the second year and Grade 5 the final year. The program will operate in four elementary schools in the county: Connecticut Park, Lone Oak, Rosemary Hills, and Twinbrook. Other schools will participate as control schools to help measure the effectiveness of the program.

Since children have a greater chance for success in school if their needs are recognized early, one project goal is to find reliable, efficient ways to identify those who need help even before they enter school. An important aspect of the identification program is to develop screening devices that can be administered by the existing school staff to identify problems in any growth area, mental, physical, social, and emotional. Once the children have been identified, a team of specially trained teachers will begin work to help them.

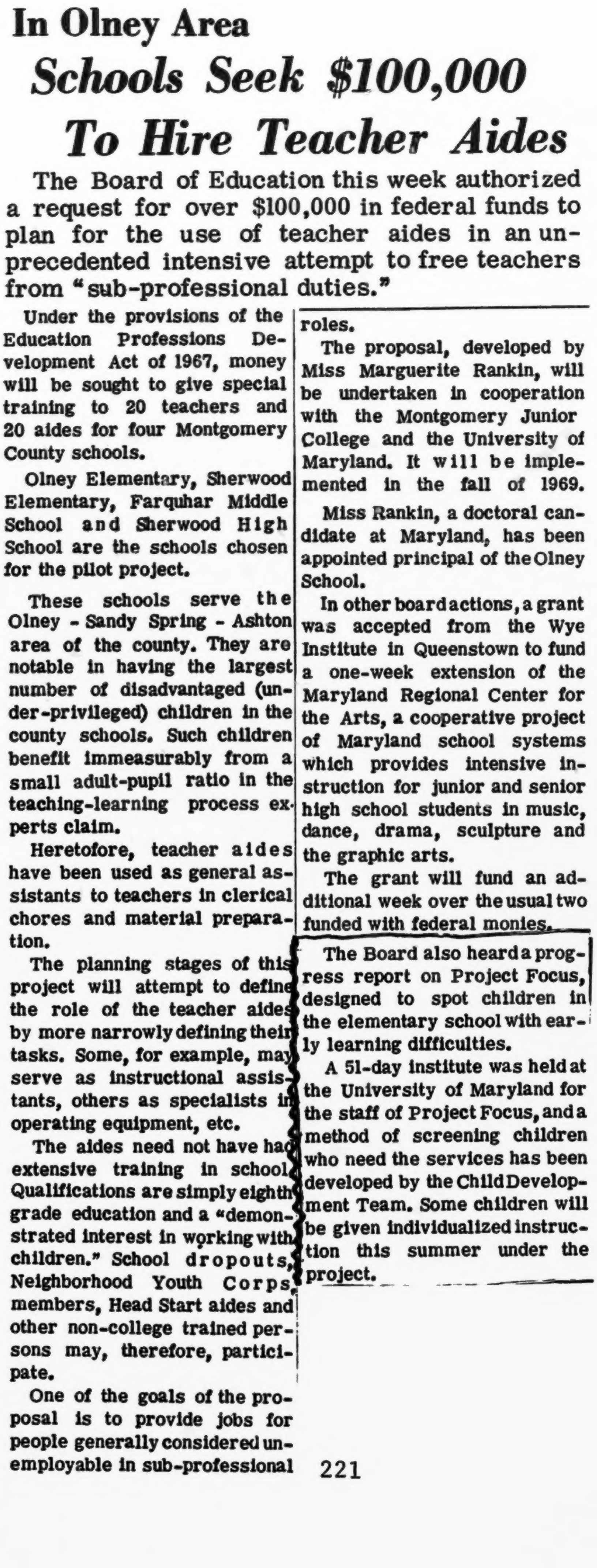
The project is part of the regular school program, not a substitute for it. A team of four teachers and a teacher assistant will be part of the school faculty and work cooperatively in the school setting with the existing staff. The diagnostic teacher, one member of the team, will determine the best methods for teaching the child. The prescriptive teacher will carry out those aspects of the program that require small group instruction or the use of specialized equipment. A third member of the team is the intern teacher, a certificated professional who will develop diagnostic and prescriptive skills in working with children. The fourth professional member of the project team is the relief teacher who will allow the classroom teacher to participate as a team member during the school day. In addition, a teacher assistant will perform a variety of clerical and other non-teaching tasks for the team. The diagnostic and prescriptive teachers are attending a special 51-day institute at the University of Maryland before they begin their work with children.

A project team will operate in many different ways depending on the needs of the child. A child may spend as much as a half day with the project team in a special classroom. In other cases, the classroom teacher will carry out the teaching prescription and provide feedback to the team. Another child might be referred to a community agency outside the school system for help.

Although the major thrust is to bring human and material resources to the school and focus on the child in his classroom setting, there will be central resources available to all participating schools on a rotating basis. A child development team consisting of a supervisor, case coordinator, psychologist, speech and hearing therapist, public health nurse, and a school medical advisor will supervise the screening and identification activities and serve as consultants to the school-based staff. An instructional team staffed by an instructional materials specialist, program specialist, and graphic artist will also supplement the school resources, in addition to all regular school services and community resources.

APPENDIX F

MONTGOMERY COUNTY SENTINEL - JUNE 13, 1968



In Olney Area

Schools Seek $100,000 To Hire Teacher Aides

The Board of Education this week authorized a request for over $100,000 in federal funds to plan for the use of teacher aides in an unprecedented intensive attempt to free teachers from "sub-professional duties."

Under the provisions of the Education Professions Development Act of 1967, money will be sought to give special training to 20 teachers and 20 aides for four Montgomery County schools.

Olney Elementary, Sherwood Elementary, Farquhar Middle School and Sherwood High School are the schools chosen for the pilot project.

These schools serve the Olney - Sandy Spring - Ashton area of the county. They are notable in having the largest number of disadvantaged (under-privileged) children in the county schools. Such children benefit immeasurably from a small adult-pupil ratio in the teaching-learning process experts claim.

Heretofore, teacher aides have been used as general assistants to teachers in clerical chores and material preparation.

The planning stages of this project will attempt to define the role of the teacher aides by more narrowly defining their tasks. Some, for example, may serve as instructional assistants, others as specialists in operating equipment, etc.

The aides need not have had extensive training in school. Qualifications are simply eighth grade education and a "demonstrated interest in working with children." School dropouts, Neighborhood Youth Corps members, Head Start aides and other non-college trained persons may, therefore, participate.

One of the goals of the proposal is to provide jobs for people generally considered unemployable in sub-professional roles.

The proposal, developed by Miss Marguerite Rankin, will be undertaken in cooperation with the Montgomery Junior College and the University of Maryland. It will be implemented in the fall of 1969.

Miss Rankin, a doctoral candidate at Maryland, has been appointed principal of the Olney School.

In other board actions, a grant was accepted from the Wye Institute in Queenstown to fund a one-week extension of the Maryland Regional Center for the Arts, a cooperative project of Maryland school systems which provides intensive instruction for junior and senior high school students in music, dance, drama, sculpture and the graphic arts.

The grant will fund an additional week over the usual two funded with federal monies.

The Board also heard a progress report on Project Focus, designed to spot children in the elementary school with early learning difficulties.

A 51-day institute was held at the University of Maryland for the staff of Project Focus, and a method of screening children who need the services has been developed by the Child Development Team. Some children will be given individualized instruction this summer under the project.

APPENDIX F

Bethesda-Chevy Chase Tribune - August 16, 1968

$568,976 Grant Asked for FOCUS

An application for $568,976 in Federal funds to continue Project FOCUS, was approved recently by the Montgomery County Board of Education.

Alan L. Dodd, assistant director of the Department of Supervision and Curriculum Development, has been appointed the new director of the project.

Dodd, who has recently completed his doctoral program at George Washington University, will begin working with the project shortly.

The present director, William R. Porter, will continue on the project staff until October 1, when he leaves to begin a full-time doctoral program at the University of Maryland.

Project FOCUS is a 12-month program to detect and remedy learning problems in pre-Kindergarten through fifth grade children.

It began on March 1, under a Federal grant of $327,281 which will run out November 1, 1968.

If the request for additional funds under Title III of the Elementary and Secondary Education Act of 1965 is approved by the U. S. Office of Education, the project will continue until October 31, 1969.

A third grant will be needed to complete the final year of the project.

During its first phase of operation, 1,371 children were examined by staff members using a battery of tests to identify youngsters who might benefit from FOCUS services.

While part of the staff was identifying children, eight project teachers were attending a special 51-day institute at the University of Maryland to better learn how to help children with learning problems.

This summer the training and identification aspects merged, and work with children began in the four project elementary schools: Connecticut Park, Lone Oak, Rosemary Hills, and Twinbrook.

APPENDIX F

The Washington Post - August 20, 1968

Grant Sought

The Montgomery County Board of Education has applied for a $568,976 Federal grant to finance the second year of a project to detect and remedy the learning problems of elementary school children.

The program, called Project FOCUS, began in March under a $327,000 Federal grant that will run out Nov. 1. So far, about 1370 children have been tested for learning problems. In September teachers in the program will begin giving special instruction at four elementary schools: Connecticut Park, Lone Oaks, Rosemary Hills, and Twinbrook.

APPENDIX F

The Record - August 23, 1968

Board Asks Extension For FOCUS

An application for $568,976 in Federal funds to continue Project FOCUS was approved by the Montgomery County Board of Education on August 5.

At the same meeting, Alan L. Dodd, assistant director of the Department of Supervision and Curriculum Development, was appointed the new director of the Project. Dodd, who has recently completed his doctoral program at George Washington University, will begin working with the project shortly.

Project FOCUS is a 12-month program to detect and remedy learning problems in pre-kindergarten through fifth grade children. It began on March 1 under a Federal grant of $327,281 which will run out November 1, 1968. If the request for additional funds under Title III of the Elementary and Secondary Education Act of 1965 is approved by the U. S. Office of Education, the project will continue until October 31, 1969. A third grant will be needed to complete the final year of the project.

During its first phase of operation, 1,371 children were examined by staff members using a battery of tests to identify youngsters who might benefit from FOCUS services.

While part of the staff was identifying children, eight project teachers were attending a special 51-day institute at the University of Maryland to better learn how to help children with learning problems.

APPENDIX F

UNSOLICITED REQUESTS FOR INFORMATION

Name of Agency	Requested by	Description of Activity
Lone Oak Faculty	Mr. Clifton Crockett Principal	Speech giving overview of FOCUS and implications for Lone Oak
Western Maryland College Class at Richard Montgomery	Dr. Lewis Holder	Speech on "Project FOCUS as a Mental Health Effort"
Area Directors	Dr. Joseph Tarallo	Presented progress report on Project FOCUS
Congressional Elementary Parent Group	Mrs. Loumae Kramer Principal	Speech explaining planning project and Project FOCUS
Council on Instruction	Dr. Donald Miedema	Speech giving overview of Project FOCUS
Academy of Ophthalmologists	Dr. Marshall Diamond	Speech giving overview of Project FOCUS
Connecticut Park Faculty	Mrs. Mary Wire Principal	Speech giving overview of FOCUS and implications for Connecticut Park
Aspen Hill PTA	Mr. Lawrence Selwyn Principal	Speech on "The Special Needs of Children"
Rosemary Hills Faculty	Mr. John Mohr Principal	Speech presenting overview of FOCUS and implications for Rosemary Hills
Twinbrook Faculty	Mr. Jack Matheny Principal	Speech presenting overview of FOCUS and implications for Twinbrook
Rockville Cooperative Nursery School	Nursery School Representative	Speech on "Preparing the Young Child for Kindergarten"
Head Start	Mr. Cornell Lewis Director	Speech on "Recognizing Individual Differences in Children"
Department of Supervision and Curriculum Development	Dr. Elizabeth Wilson Director	Speech giving overview of Project FOCUS
Stephen Knolls PTA	Mrs. Toni Hires PTA Program Chairman	Speech giving report on Project FOCUS

APPENDIX F

Name of Agency	Requested by	Description of Activity
Parent Study Group New Hampshire Estates	Mrs. Rose Shuck Principal	Speech presenting overview of Project FOCUS
Bethesda-Cabin John Nurses	Miss Audrey Rescigno PHN, Cabin John Health Center	Speech giving overview of Project FOCUS
Concord PTA	Mrs. Ann Bloch, PTA Program Chairman	Speech reviewing planning project and giving overview of Project FOCUS
Whetstone Pupil Services Center	Mr. Reno Continetti Supervisor	Overview of Project FOCUS; discussion of coordination of activities
Board of Education	Dr. Homer Elseroad Superintendent	Progress report on Project FOCUS
Library Services MCPS	Miss Teresa Doherty	Informational meetings
Maryland State Department of Education	Mr. Billy Reeves	Informational meeting
Maryland State Department of Education	Miss Mildred Sowers	Background information by phone
Education Modulation Center, Olathe, Kansas	Mr. Gary Adamson	Two-day meeting sharing ideas
Children's Rehabilitation Center Kansas City, Kansas	Dr. Roger Kroth	Half day visit sharing information
Title I In-Service Program	Mr. James Sadler	Speech giving overview of Project FOCUS
Montgomery County Health Department	Dr. Hugh McNally Chief, Division of Field Services	Speech fiving overview of Project FOCUS
Montgomery County Health Department	Mrs. Shirley Bederman Nursing Education Coordinator	Speech giving overview of Project FOCUS plus Project FOCUS P.H.N's role in relation to Area P.H.N.
Montgomery County Health Department	Miss Irene Riley Acting, Director of Nursing	Speech giving overview of Project FOCUS to nursing supervisors.

APPENDIX F

VISITORS FROM OUTSIDE THE PROJECT AREA

Dr. Warren J. Aaronson	Chief, Project Centers Branch Bureau of Education for the Handicapped U.S. Office of Education Washington, D.C.
Dr. Donald Calvert	Chief, Project Centers Branch Bureau of Education for the Handicapped U.S. Office of Education Washington, D.C.
Miss Jane Cohen	Graduate Student George Washington University Washington, D.C.
Mrs. Norita Early	MIND Teacher Wilson High School Washington, D.C.
Dr. Larry Engelson	Center and Field Assistant Northwest Regional Special Education Instructional Materials Center Eugene, Oregon
Mr. Arthur Flowers	Director, Office of Research and Evaluation Oak Park, Michigan
Mrs. Dorothy Hobbs	MIND Teacher Wilson High School Washington, D.C.
Mrs. Mary Hoff	Program Management Officer Bureau of Education for the Handicapped U.S. Office of Education Washington, D.C.
Mr. George Klinkhamer	Education Specialist Bureau of Education for the Handicapped U.S. Office of Education Washington, D.C.

APPENDIX F

Mrs. Frances Meginnis	Supervisor of Federal-State Reports Maryland State Department of Education Baltimore, Maryland
Mrs. Rozelle Miller	Coordinator of Special Education Maryland State Department of Education Baltimore, Maryland
Mrs. Marilyn Mizell	Fellow in the Experienced Teacher Fellowship Program for the Preparation of Supervisors for Florida Schools Florida
Mrs. James Moss	Director of Research Special Education Instructional Materials Center George Washington University Washington, D.C.
Dr. Ted Muellen	Assistant Superintendent for Instruction Maryland State Department of Education Baltimore, Maryland
Dr. Thomas Pyles	Director of Federal-State Programs Maryland State Department of Education Baltimore, Maryland
Mrs. Rose Smith	Intern in Supervision and Administration of Special Education Florida
Miss Susan Straw	Student Towson College Towson, Maryland
Mr. Lewin Wheat	Assistant Director, Federal-State Programs Maryland State Department of Education Baltimore, Maryland
Dr. Percy V. Williams	Director, Division of Federal-State Programs Maryland State Department of Education Baltimore, Maryland

APPENDIX F

Dr. Frank B. Withrow	Director, Division of Educational Services Bureau of Education for the Handicapped U.S. Office of Education Washington, D.C.

APPENDIX G

LETTERS OF COMMENDATION

APPENDIX G

UNIVERSITY OF MARYLAND
College of Education
College Park 20742

Department of Special Education

June 27, 1968

Dr. Homer O. Elseroad
Superintendent of Schools
Montgomery County Public Schools
850 North Washington Street
Rockville, Maryland 20850

Dear Dr. Elseroad:

Over approximately the past two years, our Department has had a relationship with the Title III Planning Project of the Montgomery County Board of Education in reference to the initial study for the efficacy of a supplementary education center. As an outcome of that initial study, Project FOCUS was initiated and funded. Our Department has had the opportunity of conducting one facet of this Project which has been the Training Institute for the Diagnostic and Prescriptive Teachers who will be the nucleus of the Project as it moves into the schools in its implementation stage in July, 1968.

Our staff has nothing but praise for the individuals who will become the diagnostic and prescriptive teachers as well as for the general concept which is being tried out as a means of attempting to better serve the unmet educational needs of larger groups of children in our public schools. The opportunity to work with some experienced teachers in further developing their insights and skills and to work in a concentrated way toward a specific goal, has been an excellent opportunity for our staff and some of our students who we have involved in various phases of the project. We hope to be able to continue our relationship with Project FOCUS and feel that it has in it the components of the potential for some major changes in programming for children as well as many implications for graduate training programs for educational personnel.

Sincerely,

Jean R. Hebeler

Jean R. Hebeler
Head
Department of Special Education

JRH:lsm

Copy to:
Mr. William R. Porter

APPENDIX G

Montgomery County Maryland

GARDEZ BIEN

Department of
Public Health

County Office Building
Rockville, Maryland 20850

Area Code 301

July 2, 1968

Suzanne Henry, M.D.
Medical Director
Project Focus
Rockville, Maryland

Dear Doctor Henry:

As structured programs of education move further down the age range, it becomes increasingly important to be assured of the readiness of these children. A healthy child will learn more quickly and more comprehensively.

We are all familiar with the unfortunate stories of those children who fail in school or become behavior problems because of an undiscovered hearing loss or a vision problem. These incidents have become less frequent over the past few years. Through projects such as Focus, these incidents can be eliminated altogether.

As a participating member of the Focus team, I believe strongly that not only should Project Focus be continued; but it should be expanded to include an even younger population. Those children, for example, who are being considered for Head Start programs should certainly have a comprehensive health program available to them.

Health and Education have a long history of cooperative efforts. As more such efforts are developed, use of more specialized services becomes necessary. The advice and aid of these specialized services must be heeded. Educators cannot be familiar with specific points of health care just as health personnel are not expected to direct specific education services.

Finally, in order for even the most worthwhile project to succeed, the public must be aware of its availability and goals. In these days of talk of equal opportunity, the public should be aware of the efforts of health and education to provide a more comprehensive preparation at an earlier age.

Sincerely,
Mary J Hinchman
(Mrs.) Mary Hinchman
Speech and Hearing Consultant
Division of Crippled Children
Maryland State Health Department

MH:bc

APPENDIX G

Montgomery County Maryland

Department of Public Health

County Office Building
Rockville, Maryland 20850

Area Code 301
279-1627

July 11, 1968

William R. Porter
Director, Project Focus
Larchmont Elementary School
9411 Connecticut Avenue
Kensington, Maryland 20795

Dear Mr. Porter:

We are impressed with the early efforts of Project Focus to effect planning for screening pupils and to carry out the screening. The health members of the Project staff are obtaining ideas from the preliminary work and from review of the literature as to how the health screening can be improved. It appears on the basis of experience thus far that what is being learned from Focus will eventually benefit students on a much wider scale.

Sincerely yours,

Ruth-Alice Asbed

Ruth-Alice Asbed, M.D.
Chief, Division of Maternal
and Child Health

R-AA:gb

APPENDIX G

RECEIVED SEP 25 1968

JAMES A. SENSENBAUGH
STATE SUPERINTENDENT

MARYLAND STATE DEPARTMENT OF EDUCATION
600 WYNDHURST AVENUE. BALTIMORE 21210

September 23, 1968

Mr. William Porter
Director of Project FOCUS
Larchmont Elementary School
9411 Connecticut Avenue
Kensington, Maryland 20795

Dear Mr. Porter:

A rare moment of pleasure was the opportunity you provided us to visit with you and your staff, as well as the opportunity to visit the various schools in which the project is being conducted. I am sure that we all came from such a visit with a very good feeling of the work being done.

The project is a well-thought-through project, one which has tremendous implications for future educational organization, as well as teaching modes. I was particularly impressed with the teachers in your project who knew what they were doing, why they were doing it, and knowing their goal for their particular school. Secondly, I was also impressed with the manner in which the teachers worked with the children continuously providing them with a positive reinforcement in their assessment activities.

From our point of view, you are to be congratulated, not only on assembling such a staff to conduct this project, but also for the enthusiasm displayed by the teachers and other personnel in the project. Thank you again for this opportunity. I trust that we will be able to visit you again some time in January and February to see the progress that has been taking place.

Sincerely yours,

T. K. Muellen

T. K. Muellen
Assistant State Superintendent
in Instruction

TKM/dfp

APPENDIX H

RECORD SYSTEM

APPENDIX H

PROJECT FOCUS
Title III, ESEA
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

September 18, 1968

MEMORANDUM

To: Project FOCUS Diagnostic and Prescriptive Teachers

From: Sally Luke, Program Specialist, 949-8875
Project FOCUS
Larchmont Elementary School

Subject: Explanation of the Proposed Recording System for Diagnostic and Prescriptive Teaching

The attached proposed Recording System for Diagnostic and Prescriptive Teaching will be discussed in detail at our meeting of September 24, 1968, at 2:30 p.m. at Larchmont. The proposed recording system is being distributed to you prior to that meeting in order that you have time to examine and react to it. The following explanation of format will be helpful to you as you examine the recording system.

"Pl" in the third column refers to the place in which you will be observing or teaching the child. These places, such as regular classroom, diagnostic or prescriptive classroom, playground, etc., can be listed, numbered and coded from the beginning.

"Perf" refers to performance areas (skill areas) such as "Listening," "Gross Motor," "Laterality," and many more. These, too, can be coded by number. In addition to the recording system, there has been prepared a draft of a manual that lists performance areas, diagnostic tasks, and samples of suggested activities. This material will also be distributed at the September 24 meeting for your reaction.

Columns listed as "Activity," "Media," "Observation of Performance," and "Next Steps" must obviously remain open-ended. They will contain your brief, specific notations and will be coded much later in the Project. They are obviously the most important aspects of the recording system.

This first draft is just that and will necessarily go through the many changes along the way which you will want to make.

SL:lsm
Attachment
Copy to:
- Dr. Joseph J. Tarallo
- Principals of Project FOCUS Schools
- Mr. William R. Porter
- Dr. Alan Dodd
- Mrs. Cora Golder
- Mrs. Esther Samler
- Mrs. Ann Jett

APPROVED BY:______________________
Alan L. Dodd, Project FOCUS

APPENDIX H

FORMS DEVELOPED FOR FOCUS RECORDKEEPING

F21 and F21A - Individual Recording Form

F30 - Initial assessment by Child Development Team (referrals by classroom teacher)

F31 - Initial assessment by Child Development Team (referral on the basis of screening results)

F32 - Record of staffing (screening schools)

F33 - Record of staffing (teacher-referral schools)

F34 - Summary of parent conference

F35 - Summary of teacher conference with FOCUS resource staff

APPENDIX H

PROJECT FOCUS Montgomery County Public Schools Rockville, Maryland	INDIVIDUAL RECORDING FORM

Number	Form	Name-Last First M.I.		Birth Mo. Day Year	
	F21			19--	
School Number	Grade	Section	Classroom Teacher	Age in Months	Sex
					M F

REASON FOR REFERRAL

A. Achievement		B. Language		C. Behavior	
1. Reading	( )	1. Articulation	( )	1. Aggressive	( )
2. Writing	( )	2. Foreign Speak	( )	2. Withdrawn	( )
3. Arithmetic	( )	3. Syntax	( )		
4. Spelling	( )	4. Other _______	( )		

D. Other

Date	FOCUS Tchr	P1	Perf Area	Activity	Media	Observation of Performance (What) (How)	Next Steps

APPENDIX H

PROJECT FOCUS
Montgomery County Public Schools
Rockville, Maryland

INDIVIDUAL RECORDING FORM

Number	Form F21A	Name-Last	First	M.I.	Birth Month	Day	Year 19__

Date	FOCUS Tchr	Pl	Perf Area	Activity	Media	Observation of Performance (What) (How)	Next Steps

APPENDIX H

PROJECT FOCUS

INITIAL ASSESSMENT BY CHILD DEVELOPMENT TEAM

September 1968

Child's Last Name First M.I.	Birthdate	Sex M F	Grade 9/68	Teacher	School

Reason for Referral______________________________________

Allocated to ( )Teaching Team ( )Health ( )Speech ( )Psychologist ( )Case Coordinator

Assessment by Health Personnel

( ) Health data completed
( ) No further action needed
( ) Report in confidential folder
( ) Entry in cumulative folder ( )vision sheet ( )CR9
( ) Conference held with ( )parent(s) ( )S.M.A.
( )classroom tea. ( )FOCUS tea. ( )principal
( )Area P.H.N. ( )other______________
( ) Contact with ( )private M.D. ( )other agencies
( ) Home visit made
( ) Evaluation by School Medical Advisor
( ) Vision recheck ( )normal ( )abnormal
( ) Hearing recheck ( )normal ( )abnormal
( ) Long term medication
( ) Follow-up of ( )vision ( )hearing ( )nutrition
( )lunch program ( )other______________

Signature__________________ Date________

Assessment by Case Coordinator

( ) Reviewed records ( ) Observed child
( ) Made home visit ( ) Interviewed child
( ) Contacted outside agency______________
( ) Conference with ( )principal ( )asst. principal
( )referring teacher ( )present teacher(s)
( )resource teacher(s) ( )pupil personnel worker
( )psychologist ( )parent(s) ( )FOCUS teacher
( ) No follow-up at this time ( )Continue to follow up
( ) Confidential report filed
( ) Referred to outside agency______________
( ) Recommend special placement______________

Signature__________________ Date________

SUMMARY OF RECOMMENDATIONS FOLLOWING INITIAL ASSESSMENT

Continued follow-up by ( )Psych. ( )Speech Specialist ( )P.H.N. ( )S.M.A. ( )Case Coord. ( )Teaching Team ( )Other

Assessment by Speech and Language Specialist

( ) Reviewed records - no further action needed
( ) Speech evaluated by ( )school speech therapist
( )FOCUS speech specialist ( )other______________
( ) Conference held with ( )parent(s) ( )psychologist
( )classroom teacher ( )FOCUS teacher ( )school speech therapist ( )principal ( )health personnel
( )audiometrist ( )physician
( ) Referral to ( )teaching team ( )psychologist
( )school speech therapist ( )other______________
( ) Scheduled for therapy ( )in school ( )outside agency______________
( ) To be re-evaluated in ( )3 months ( )6 months
( ) Report filed in ( )confidential folder
( )cumulative folder

Signature__________________ Date________

Assessment by Psychologist

( ) Reviewed School Records
( ) Contacted outside agency______________
( ) Contacted other MCPS personnel______________
( ) Conference with ( )principal ( )asst. principal
( )referring teacher ( )present teacher(s)
( )resource teacher(s) ( )pupil personnel worker
( )psychologist ( )parent(s) ( )FOCUS teacher
( ) Observed child ( )Interviewed child
( ) Filed report in confidential folder
( ) Referred to ( )teaching team ( )speech ( )health
( )case coordinator ( )other______________
( ) No further action now ( ) Will continue to follow up

Signature__________________ Date________

F30 - For use in schools having referrals by classroom teacher.

APPENDIX H

PROJECT FOCUS

INITIAL ASSESSMENT BY CHILD DEVELOPMENT TEAM

September 1968

Child's Last Name First M.I.	Birthdate	Sex M F	Grade 9/68	Teacher	School

Referred for problems on following screening instruments:

Allocated to ( )Teaching Team ( )Health Personnel ( )Speech Specialist ( )Psychologist ( )Case Coord.

Assessment by Health Personnel

( ) Health data completed
( ) No further action needed
( ) Report in confidential folder
( ) Entry in cumulative folder ( )vision sheet ( )CR9
( ) Conference held with ( )parent(s) ( )S.M.A.
  ( )Classroom tea. ( )FOCUS tea. ( )principal
  ( )Area PHN ( )other
( ) Contact with ( )private M.D. ( )other agencies
( ) Home visit made
( ) Evaluation by School Medical Advisor
( ) Vision recheck ( )normal ( )abnormal
( ) Hearing recheck ( )normal ( )abnormal
( ) Long term medication
( ) Follow-up of ( )vision ( )hearing ( )nutrition
  ( )lunch program ( )other

Signature Date

Assessment by Case Coordinator

( ) Reviewed records ( ) Observed child
( ) Made home visit ( ) Interviewed child
( ) Contacted outside agency
( ) Conference with ( )principal ( )asst. principal
  ( )referring teacher ( )present teacher(s)
  ( )resource teacher ( )pupil personnel worker
  ( )psychologist ( )parent(s) ( )FOCUS teacher
( ) No follow-up at this time ( )Continue to follow up
( ) Confidential report filed
( ) Referred to outside agency
( ) Recommend special placement

Signature Date

SUMMARY OF RECOMMENDATIONS FOLLOWING INITIAL ASSESSMENT

Continued follow-up by ( )Psychologist ( )Speech Specialist ( )PHN ( )Case Coordinator ( )Teaching Team ( )Other

Assessment by Speech and Language Specialist

( ) Reviewed records - no further action needed
( ) Speech evaluated by ( )school speech therapist
  ( )FOCUS speech specialist ( )other
( ) Conference held with ( )parent(s) ( )psychologist
  ( )classroom teacher ( )FOCUS teacher ( )school speech therapist ( )principal ( )health personnel
  ( )audiometrist ( )physician
( ) Referral to ( )teaching team ( )psychologist
  ( )school speech therapist ( )other
( ) Scheduled for therapy ( )in school ( )outside agency
( ) To be re-evaluated in ( )3 months ( )6 months
( ) Report filed in ( )confidential folder
  ( )cumulative folder

Signature Date

Assessment by Psychologist

( ) Reviewed school records
( ) Contacted outside agency
( ) Contacted other MCPS personnel
( ) Conference with ( )principal ( )asst. principal
  ( )referring teacher ( )present teacher(s)
  ( )resource teacher(s) ( )pupil personnel worker
  ( )psychologist ( )parent(s) ( )teaching team
  ( )other
( ) Observed child ( )Interviewed child
( ) Filed report in confidential folder
( ) Referred to ( )teaching team ( )speech ( )health
  ( )case coordinator ( )other
( ) No further action now ( )Will continue to follow up

Signature Date

F31 - For use in schools having screening procedures.

APPENDIX H

PROJECT FOCUS RECORD OF STAFFING 1968-69 Twinbrook Elementary School

Child's Last Name First M.I.	Birthdate	I.D.	Sex M F	Grade/Sect.9/68	Teacher

Referred for Problems in the Following Areas of Screening:
( )F01 Language ( )F09 Draw-a-Man ( )F12 Health Obs.
( )F02 Speech Checklist ( )F09 Copy Forms ( )F14 Info Background
( )F03 Behavior Inv. ( )F09 Pen Grip ( )F15 Nurse Inventory
( )F04-07 Gross Motor ( )F10 Health Data ( )F17 Achievement
( )F08 Tchr. Checklist ( )F11 Parent Obs. ( )Other________

Allocated to ( )Teaching Team ( )Speech
( )Health ( )Psychologist ( )Case Coordinator

DISPOSITION AFTER INITIAL ASSESSMENT(S)
( )Diagnostic/Prescriptive Teaching Team
( )Regular Class ( )Regular Class with Consultation

Has confidential folder: ( )Yes ( )No
Known to ( )Pupil Services ( )Principal ( )Health Personnel
( )Speech ( )Other (specify)________________

STAFFING REFERRAL MADE TO
( )Psychologist ( )Speech Specialist ( )Case Coordinator ( )P.H.N. ( )Program Specialist
( )Instructional Materials Spec. ( )S.M.A.

Date of Staffing	Staffing Recommendation	Action Taken	By Whom	Date

F32 - Use in schools having screening procedures.

APPENDIX H

PROJECT FOCUS			RECORD OF STAFFING 1968-69			
Child's Last Name First M.I.	Birthdate	Sex M F	Grade 9/68	Teacher	School	

Reason for Referral________________________________

Allocated to ( )Teaching Team ( )Speech ( )Health
( )Psychologist ( )Case Coordinator

DISPOSITION AFTER INITIAL ASSESSMENT(S)

( )Diagnostic/Prescriptive Teaching Team ( )Regular Class
( )Regular Class with Consultation

Has confidential folder ( )Yes ( )No
Known ro ( )Pupil Services ( )Principal ( )Health personnel ( )Speech ( )Other (specify)________________

STAFFING REFERRAL MADE TO

( )Psychologist ( )Speech Specialist ( )Case Coordinator
( )Program Specialist ( )Instructional Materials Spec.
( )P.H.N. ( )School Medical Advisor

Date of Staffing	Staffing Recommendation	Action Taken	By Whom	Date

F33 - Use in school having referrals by classroom teacher.

APPENDIX H

PROJECT FOCUS Montgomery County Public Schools				SUMMARY OF PARENT CONFERENCE
Pupil's Last Name First M.I.	Birthdate	Date of Conf.		Type of Conference ( )Tele. ( )Pers.
School	Grade/Sect.	Conference with		Phone No. Home: Work:

Present at Conference

Appointment arranged by ______________________ Date ________

Initiated by
( ) Parent
( ) Classroom Teacher
( ) FOCUS Teacher
( ) Psychologist
( ) Speech
( ) Other________

PURPOSE OF CONFERENCE

SUMMARY OF CONFERENCE

RECOMMENDATIONS

Is follow-up necessary? ( )Yes* ( )No
*Explain

____
Signature of person holding conference

Copy for ( )school folder
( )FOCUS folder

F34 - Record of Parent Conference.

APPENDIX H

PROJECT FOCUS Montgomery County Public Schools	SUMMARY OF TEACHER CONFERENCE WITH FOCUS RESOURCE STAFF

Pupil's Last Name	First	M.I.	Birthdate	Date of Conf.	Type of Conference ( )Tele. ( ) Pers.

School	Teacher	Grade & Sect.	Room

Present at Conference

PURPOSE OF CONFERENCE

SUMMARY OF DISCUSSION

RECOMMENDATIONS

Is follow-up necessary? ( )yes ( )no

Signature______________________________ Date____________________

Copy to____

F35 - Record of Conference with Classroom Teacher

APPENDIX I

EVALUATION

APPENDIX I

EVALUATION OBJECTIVES AND INSTRUMENTS

Evaluation Objective

To measure and compare the impact of Project FOCUS in terms of readiness or reading and arithmetic achievement at the beginning and end of the year.

Five short individually administered achievement tests and one small group test will be administered at beginning Kindergarten. The individual tests will be group administered if this is found to be feasible in pilot studies.

Sentences

A subtest of the Wechsler Pre-Primary Scale of Intelligence (WPPSI). The test requires the pupil to repeat sentences of increasing length. It is thought to indicate the level of development of ability to retain a temporal series of meaningful material.

Central Auditory Ability (CAA)

A test which requires the pupil to make correct identifications of pictures under two conditions of interference:

a. Low-pass filter. Higher frequency sounds are removed.

b. Competing messages. Instructions are presented against a background of irrelevant speech.

Test of Auditory Perception (TAP)

The auditory recognition subtest measures the ability of a child to recognize similar words. The test is in the early stages of development and norming at Catholic University.

Auditory-Visual Integration (AVI)

A test which measures the ability of a child to match a temporal-auditory pattern with a visual-spatial pattern. Test development was begun at Albert Einstein University. Refinement is proceeding at Catholic University.

Peabody Picture Vocabulary Test (PPVT)

A test which requires the pupil to identify on a picture card the correct answer to a question. It is thought to be a measure of receptive vocabulary.

TOBI-Test of Basic Information (General)

A test which has been under development at George Washington University for small-group testing at nursery school and kindergarten levels. It consists of 50 items dealing with general information, space, language, numbers and social studies concepts. Content is related to general knowledge which most children acquire. The test, used as a part of the MCPS Head Start evaluation, has shown impressive reliability for a low age group.

Reading and Arithmetic Achievement

Two forms of the same or different levels of the Stanford Achievement Test will be administered as appropriate to obtain reliable measures of word reading, reading comprehension, and arithmetic skills from the end of Grade 1 to the end of Grade 3. Reading and arithmetic subtests from appropriate forms of the Iowa Test of Basic Skills, which is used in the county testing program, and will be used from the end of Grade 3 through the end of Grade 5 as the project becomes more grade-inclusive.

The recommendation that reading and arithmetic be the basic evaluation criteria for the primary grades is based on the fact that measures of spelling, word attack skills, and vocabulary are all highly related to performance on the criterion tests, so that measuring them would provide very redundant data.

Evaluation Objective

To determine the impact of FOCUS in terms of gross and fine motor skills.

Observations and recommendations made by Dr. E. Fleishman (see page 256) for measurement of gross and fine motor skills for Grade K-1, will be examined and implemented as feasibility considerations dictate. If further exploration leads to the implementation of a motor skills intervention and evaluation program, outcomes for children who have received special training will be compared in FOCUS and control schools. Dr. Fleishman will assist.

Evaluation Objective

To measure and compare the impact of Project FOCUS on pupil adjustment.

An adaptation of the Classroom Behavior Inventory developed by Dr. Earl Schaefer, of the National Institutes of Mental Health, will be employed. The original instrument was reduced from 60 to 24 items and administered for 1200 pupils pre-Kindergarten through Grade 3. Factor analyses of the data have been completed. The analyses provide a basis for verifying the factor structure of the adaptation and reducing the instrument to a total of approximately 15 items. The inventory is designed to measure pupil behavior in terms of:

Outgoing versus withdrawn
Positive versus negative task orientation
Easy-going versus intractable

Scores on these behavior traits will not define adjustment or maladjustment. They will indicate the characteristic behavior of children and allow for measurement of change in children in FOCUS and control schools. Dr. Schaefer will assist.

APPENDIX I

Evaluation Objective

To determine the effect of Project FOCUS on teaching practices.

While teaching practices, strictly speaking, should not be part of evaluation of pupil performance, the collection of teacher data is included in the plan because it will constitute part of the background or context data for each pupil. These data will be used to form comparison groups. The same data will be used on an indicator of diffusion effects of the Project within the FOCUS schools.

The Teaching Practices Inventory, developed by Dr. R. B. Brown, University of Flordia, Gainesville, Flordia, is designed to assess the extent to which teacher practices are flexible versus rigid. The instrument has been designed to be used by observers, but has also been used as a self-report inventory. The inventory will be used to assess changes in teachers' reports of teaching practices over time and to compare FOCUS and control school teachers. Dr. Brown has not placed a copyright restriction on the use of his materials and will be interested in our findings. Dr. Brown will assist. No significance will be accorded to the flexible versus rigid scores, inasmuch as there is some evidence that each approach has merits in various subject areas and for different kinds of pupils.

Evaluation Objective

To determine the impact of FOCUS in terms of specific patterns of intervention.

Records of pupils who have received FOCUS interventions will be examined to identify patterns of intervention which differ in kind and degree. For example, outcomes for children who have been involved in a special program of motor skills training will be compared with similar children who have not received such training. In like manner, pupils who have participated in special language development programs will be identified and outcomes analyzed in terms of appropriate criterion measures.

At the moment, a variety of pupil assessment, diagnostic and prescriptive teaching procedures are being worked out in each of the four FOCUS schools. It is still too early to formulate concrete within-school evaluation plans.

Evaluation Objective

To determine the effect of the provision of additional health services personnel to school health.

An ideal approach to evaluation of the above evaluation objective would involve the administration of comprehensive and standardized medical examinations to all pupils in the FOCUS and control schools. The necessary resources are just not available. Medical evaluation reports are routinely requested from parents at entrance to Grade 1 and to Grade 4. Parents are not legally required to comply, however, so that the available data are incomplete, particularly for children in higher grades.

Evaluation of the impact of health services in FOCUS schools will be essentially documentary in nature. Updating of records and follow-up activities of the health staff will be recorded and summarized. Obtaining similar data for control schools may not be feasible in view of the limited resources available in these schools.

APPENDIX I

Evaluation Objective

To determine the effect of speech therapist intervention.

The level of speech therapist services in FOCUS schools is currently comparable to the level of services available to other schools. The speech and hearing therapist assigned to the Project is working extensively with problems of language development. To the extent that these efforts bear fruit, the results should be reflected in improvement in reading comprehension. Individual pupil records will be examined to identify pupils whose program involved substantive amounts of special language development activities. This approach to evaluation of the impact of language development activities falls into the area of evaluation of the impact of special interventions which is described briefly in a separate section. No evaluation of speech therapy on motor speech production is proposed because FOCUS does not provide services which differ from those available in other schools.

CONSIDERATIONS IN AN EVALUATION PLAN

Control of Extraneous Effects

To determine whether a program makes any difference, the average performance of pupils in the special program is compared with the performance of similar pupils who were not in the program. A statistical test is performed to determine the significance of the difference between the averages. Samples drawn from a single large population may have quite different averages. A single large population might be all Grade 3 pupils in the Montgomery County Schools, for instance. Different averages may be obtained from different samples even where there is in fact no real difference. These differences, which are not "real," are attributable to sampling variations or sampling error. The statistical test indicates the probability of occurrence of the observed difference if the groups were merely different samples drawn from the larger population instead of being drawn from two populations with averages which are demonstrably different. These are the odds against which program outcomes are compared.

To make a clean case for or against one program being better than another, it is necessary to either eliminate, equalize, or identify sources of differences between scores which are attributable to differences between pupils rather than to program effects. Sex, age, socio-economic background and initial performances on the behavior or skill of interest are examples of the factors which usually must be controlled in some manner. Failure to equalize, eliminate, or define the effects of pupil differences which influence scores leads to indeterminate or confounded results. That is, where the effects of important pupil factors are not controlled, the difference or lack of difference between the average performance of pupils in the programs may be accounted for in terms of either program effects or pupil differences, and the objective of the analysis has not been achieved.

APPENDIX I

Score Reliability or Stability

A major concern, at all age levels, is that the measures of performance shall, within a reasonable time frame, place the same children in similar rank order. That is, the scores be reliable. Pupils who obtain high scores on the first test should obtain high scores on the second test. The same applies for low scoring students. It has long been recognized that very high reliability is required to demonstrate gains as a function of an intervention program. The effect of the intervention must be so potent as to be evident in spite of the fluctuations in scores which arise from guessing behavior, momentary inattention, and certain very significant technical considerations.

Evaluation of a project is almost certain to fail to show any significant impact upon performance where the evaluation data are unreliable. This failure could well be due to deficiencies of the evaluation measures rather than to the failure of the project to have an impact. Similarly, development of an early screening procedure for the identification of children who will encounter learning problems is almost certain to have very limited value if initial performance scores are not reliable. Special care, then, is required to obtain reliable scores in order to determine or compare the effects of special programs.

Obtaining reliable measures of performance of young children, particularly in early Kindergarten, is quite difficult. There are still relatively few suitable tests available, and fewer still for which there are parallel forms available. Accordingly, for pre-reading children, where most available tests are quite short, and test reliability than a single test score.

An additional problem with testing of young children is that almost all tests must be administered and scored individually. Test score reliability tends to be reduced, thereby, due to inconsistencies in test administration and scoring. Cost of administration is substantial.

Obtaining reliable measures for evaluating changes or differences in educational performance in the early primary grades, while less difficult than for Kindergarten children, requires special planning. The simplest solution, where well made tests are available, is to increase the length of the test. This can be done by administering parallel forms of the same test, or administering two tests which measure different levels of the same behavior. Both procedures have the effect of lengthening the test. For this reason, it is recommended that parallel or overlapping forms of reading and arithmetic tests be administered from the end of Grade 1 to beginning Grade 3. For the end of Grade 3, the Iowa Test of Basic Skills are supplemented by the Stanford Achievement Tests, primary level II, to obtain more precise measurement of the performance of poorer students. A similar effect will be obtained in Grade 4 by administering the Grade 3 portion of the Iowa Tests as a supplement.

Range

The selection of tests which are appropriate for age and grade level is crucial to obtaining useful evaluation data. If the test is too difficult, most pupils will obtain low scores and these scores will fail to reliably differentiate or spread out the pupils. On the other hand, if a test is too easy, most students will obtain very high scores and the same problem will occur. Both situations make it difficult to demonstrate differences between treatment groups in an evaluation study. Where there is a wide range of ability among a group of students a single test may not possess the requisite range. Thus, where experience and technical data suggest that range may present problems, two different levels of tests are proposed so as to spread out the students in terms of their ability.

Test Validity

Test validity, in this context, is defined as measuring what is significant to program goals. In Kindergarten and early Grade 1, the term validity pertains to the testing of significant precursor skills. The measures of precursor skills in this proposal are all related to language or vocabulary skills. Validity is defined in terms of test content. Their predictive validity as indicators of potential educational disabilities is open to determination in the control schools.

In the higher grades, the term validity pertains to the extent to which the tests measure educational achievement. The validity of the academic achievement tests is attested by the relation between test content and curriculum content. The reading and arithmetic tests proposed in this plan as evaluation instruments have been accepted by the MCPS as having the requisite content validity.

APPENDIX I

THE EVALUATION OF MOTOR SKILLS IN CHILDREN BY

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The purpose of this note is to review some motor skills assessment methods which may be applicable to young children.

We will also point up some issues relevant to motor skills development, prediction and evaluation.

With regard to children at the kindergarten and early grade levels little systematic work has been done. There are several issues here. One is the problem of using indicies of motor abilities as diagnostic aids in predicting specific subsequent academic achievements and adjustments. Another is the general issue of developing motor skills by some systematic educational program in the schools. Let us focus on the latter issue first.

It is probably safe to say that our educational system, while providing certain specific skills (e.g., spelling) is also aimed at developing certain general abilities capable of transfer to a variety of substantive areas and skills. (Elsewhere, I have elaborated the distinction between abilities and skills, e.g., Fleishman, 1967). The general abilities which tend to be developed are cognitive abilities, e.g., verbal, numerical, conceptual abilities. Relatively little is done in the way of systematic, sequenced curriculum development to develop abilities such as spatial-vizualization, manual dexterity, or perceptual-speed. Many of these abilities are more likely to be critical to non-academic fields or to areas of vocational or special education. Yet, early in a child's schooling it is impossible to know if the development of such abilities will eventually be relevant to his subsequent occupational choice.

Often overlooked is the relevance of such non-cognitive abilities to highly complex academic professions. For example, many potential engineers are lost, or make slower progress, not for lack of conceptual or mathematical abilities, but because of poor spatial orientation; many students have difficulties in dental school because of poor manual-dexterity of spatial-vizualization. The point is that there is ample justification and need for systematic programs for developing non-cognitive skills, in their own right, within the framework of our school system. With respect to the area of motor skill this underlines the need for basic assessment techniques to assess base-line levels and progress through whatever program is developed.

The same need applies to the problems utilizing motor ability assessment techniques in predicting subsequent achievements in early school grades. There are many hypotheses, but little hard data, on the relevance of motor difficulties to later problems in learning academic skills. Many techniques used by teachers are too subjective (for example, noting how a pupil holds his pencil) and subject to error. It would be difficult to have much confidence in such assessments. It is really not known if a deviant 4th grade child can be identified at the kindergarten level through some specific motor ability deficit. What is needed is a set of standardized motor skill tests, with sufficient normative data and predictive validity.

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What do we know at present and what can we do? First off, we know from a vast body of research that there is no such unitary thing as motor skill. Although most of the research has been with older children and young adults it is very clear that there are several dimensions of motor abilities which need to be assessed. Measures of each of these dimensions (or factors) correlate low with each other and have different predictive implications and lead to different programs of training for their development. A conclusion drawn from a measure of manual dexterity, for example, may be quite different from one drawn from a test of multi-limb coordination.

The specification of the motor ability factors identified provides the idealized coverage for a comprehensive battery of motor ability tests. If it is not feasible to cover each factor, they at least provide a basis for selection.

What are these different factors which have been identified in previous research (see e.g., Fleishman, 1964, 1966) and what are the kinds of tests which measure each factor.

Manual dexterity: This ability involves skillful, well-directed arm-hand movements in manipulating fairly large objects under speed conditions (Fleishman, 1953b, 1954; Fleishman & Hempel 1954b; Parker & Fleishman, 1960; Hempel & Fleishman, 1955; Fleishman & Ellison, 1962). (Test: Minnesota Rate of Manipulation)

Finger dexterity: This is the ability to make skill-controlled manipulations of tiny objects involving, primarily, the fingers (Fleishman, 1953b; 1954; Fleishman & Hempel, 1954b; Parker & Fleishman, 1960; Hempel & Fleishman, 1955; Fleishman & Ellison, Ellison, 1962). (Test: O'Connor Finger Dexterity or Purdue Pegboard).

Arm-hand steadiness: This is the ability to make precise arm-hand positioning movements where strength and speed are minimized; the critical feature, as the name implies, is the steadiness with which such movements can be made (Fleishman, 1953b, 1954, 1958a,b; Fleishman & Hempel & Fleishman, 1955; Parker & Fleishman, 1960). (Test: Whipple Steadiness Test)

Wrist, finger speed: This ability has been called "tapping" in many previous studies through the years (e.g., Greene, 1943; Fleishman, 1953). It has been used in a variety of different studies, primarily because these are in the form of printed tests which are quick and easy to administer. However, our research shows that this factor is highly restricted in scope and does not extend to many tasks in which apparatus is used (Fleishman, 1954; Fleishman & Hempel, 1954b). It has been found that the factor is best measured by printed tests requiring rapid tapping of the pencil in relatively large areas.

Aiming: This ability appears to be measured by printed tests which provide the subject with very small circles to be dotted in where there are a large number of circles when the test is highly speeded (Fleishman, 1953; 1954; Hempel & Fleishman, 1955). The subject typically goes from circle to circle placing one dot in each circle (Fleishman & Ellison, 1962).

Reaction time: Represents simply the speed with which the individual is able to respond to a stimulus when it appears (Fleishman, 1954, 1958b; Fleishman & Hempel, 1955; Parker & Fleishman, 1960). There are consistent indications that individual differences in this ability are independent of whether the stimulus is auditory or visual and are also independent of the type of response which is required. (Test: Visual Reaction Time Device)

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Speed of arm movement: This represents simply the speed with which an individual can make a gross, discreet arm movement where accuracy is not the requirement (Fleishman, 1958b; Fleishman & Hempel, 1954b, 1955; Parker & Fleishman, 1960). (Test: Two Plate Tapping)

Control precision: This factor is common to tasks which require fine, highly controlled, but not overcontrolled, muscular adjustments, primarily where larger muscle groups are involved (Fleishman, 1958b; Fleishman & Hempel, 1956; Parker & Fleishman, 1960). This ability extends to arm-hand as well as to leg movements. It is most critical where such adjustments must be rapid, but precise. (Test: Control Precision Device)

Multilimb coordination: This is the ability to coordinate the movements of a number of limbs simultaneously, and is best measured by devices involving multiple controls (Fleishman, 1958b; Fleishman & Hempel, 1956; Parker & Fleishman, 1960). The factor has been found general to tasks requiring coordination of the two feet, two hands, and hands and feet. (Test: Two hand Coordination Device)

Timing: This ability involves the timing of muscular adjustments in making continuous anticipatory motor movements. (Fleishman, 1958; Fleishman & Hempel, 1955, 1956). The factor is involved in making pursuit movements in following a target path. (Test: Pursuit meter)

Response orientation: This ability factor has been found general to visual discrimination reaction psychomotor tasks involving rapid directional discrimination and orientation of movement patterns (Fleishman, 1957a,b,1958; Fleishman & Hempel, 1956; Parker & Fleishman, 1960). It appears to involve the ability to select the correct movement in relation to the correct stimulus, especially under highly speeded conditions. (Test: Choice reaction Time)

For possible interest we also include factors identified in the area of gross motor performance (physical proficiency). These include the following (see Fleishman, 1964 for tests most diagnostic of each factor).

Extent flexibility: Ability to flex or stretch the trunk and back muscles as far as possible in a forward, lateral, or backward direction.

Dynamic flexibility: The ability to make repeated, rapid flexing movements in which the resiliency of the muscles in recovery from strain or distortion is critical.

Static strength: The maximum force which a subject can exert, for a brief period, where-the force is exerted continuously up to this maximum. In contrast to other strength factors, this is the force which can be exerted against external objects (e.g., lifting heavy weights, pulling against a dynamometer), rather than in supporting or propelling the body's own weight.

Dynamic strength: The ability to exert muscular force repeatedly or continuously over time. It represents muscular endurance and emphasizes the resistance of the muscles to fatigue. The common emphasis of tests measuring this factor is on the power of muscles to propel, support, or move the body repeatedly or to support it for prolonged periods.

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Explosive strength: The ability to expend a maximum of energy in one or a series of explosive acts. This factor is distinguished from other strength factors in requiring mobilization of energy for a burst of effort rather than continuous strain, stress, or repeated exertion of muscles. (Shuttle Run and Softball Throw)

Trunk strength: This is a second, more limited, dynamic strength factor specific to the trunk muscles, particularly the abdominal muscles.

Gross body coordination: Ability to coordinate the simultaneous actions of different parts of the body while making gross body movements.

Gross body equilibrium: The ability of an individual to maintain his equilibrium, despite forces pulling him off balance, where he has to depend mainly on nonvisual (e.g., vestibular and kinesthetic) cues. Although also measured by balance tests where the eyes are kept open, it is best measured by balance tests conducted with the eyes closed.

Stamina: The capacity to continue maximum effort, requiring prolonged exertion overtime. This factor has the alternate name of "cardiovascular endurance." (Run-walk test).

Some of these tests are commercially available and some are not. However, they could be constructed. Our laboratories here in Silver Spring have the most comprehensive battery of these tests currently available anywhere. We would welcome utilization of this facility in a pilot study.

My suggestion, is to develop a pilot study, in which we would be interested in collaborating, to run some relatively small samples of children at kindergarten through 4th grade levels through the battery. This would involve some development of instructions and adaptation of trial periods and methods of administration for children. We have had some success at this with a pilot study with the Jewish Foundation for Retarded Children. A problem will be getting the instructions understood, so that we are measuring motor abilities and not verbal comprehension.

This pilot study would be designed to test the feasibility of a comprehensive motor ability testing program and to provide some developmental data on changes in development of the separate abilities through the first four grades. The study would also show the range of variations between children to be expected. Academic grades and teacher evaluations would also be obtained. We could then correlate various motor performances with these achievements. While this study would not answer the predictive questions, the data developed could be held for subsequent follow-up of these students in later years. The number of pupils would be about 100 within each grade depending on score felt possible at this time. Pupils could also be retested at a later time, perhaps after a specific program or after the school year.

There are many possibilities, including materials developed to specifically try to improve specific motor abilities. My purpose here is mainly to point up some of the issues, to review the state of the art of motor ability assessment, and to suggest what I think needs to be done to provide a firm basis for decision making about the utility of those procedures. It is not possible to go into more detail within the confines of this memo but I would be glad to discuss possible collaboration further.

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